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(City/State/Zip/Phone #)

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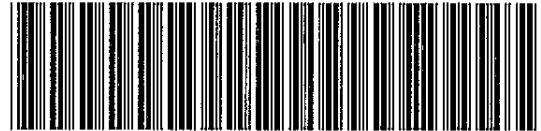
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STATE OF FLORIDA
TALLAHASSEE

FF \$25

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA Consulting, LLP
(Name of Limited Partnership)

DOCUMENT NUMBER: (Presently filing)

*check for
* filing fee &
cert of status
enclosed **

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Andrews
(Name of Person)

AAA Consulting, LLP
(Firm/Company)

P.O. BOX 1706 Flagler Beach, FL
(Address)

32136
and Zip Code)

For further information concerning this matter, please call:

Anthony Andrews at (813) 728-3097
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Center
AAA Consulting, LLC

Insert limited partnership's Florida document number: _____

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Center
AAA Consulting, LLC
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address):

2244 S. Oceanshore Blvd
Flagler Beach, FL
32136

4. The street address of principal office in Florida:
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

1 as of the date this document is filed with the Florida Secretary of State
or

_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Anthony Andrews
2244 S. Oceanshore Blvd.
Flagler Beach, Florida 32136

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 2nd day of October, 2004

Signature of TWO Partners:

[Signature]
[Signature]

Typed or printed names of partners signing above:

Anthony Andrews - General Partner
Professional Investments & Title
Co. - Anthony Andrews - Limit. Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA