

A05000000 704

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SECRETARY OF STATE
FLORIDA

(Requestor's Name) ATTORNEY GENERAL

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Williams Development, Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000000704

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:

John R. Bassett, CPA, CVA

(Name of Person)

Allen Pritchett & Bassett, LLP

(Firm/Company)

P.O. Box 349

(Address)

Tifton, GA 31793

and Zip Code)

For further information concerning this matter, please call:

John Bassett

(Name of Person)

at (229) 556-6117

(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

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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:
Williams Development, Limited Partnership

Insert limited partnership's Florida document number: A05000000704

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:

Williams Development, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 21 Sapphire Cove
(if different from current recorded address): Miramar, FL 32550

4. The street address of principal office in Florida: Same As Above
(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:

X 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:

Pat Williams

21 Sapphire Cove

Miramar

Florida 32550

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 15th day of April

2005

Signature of TWO Partners:

Jackie Williams
Pat Williams

Typed or printed names of partners signing above: Jackie Williams

Pat Williams

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75