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A05-742
BAX

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Krome Estates II Partnership, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Richard A. Alayon, Esq.
(Name of Person)

Alayon & Associates, P.A.
(Firm/Company)

4551 Ponce de Leon Boulevard
(Address)

Coral Gables, Florida 33146
and Zip Code)

For further information concerning this matter, please call:

Ricahrd A. Alayon at (305) 221-2110
(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

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SECRETARY 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:
Krome Estates II Partnership, Ltd.

Insert limited partnership's Florida document number: A05000000742
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:

Krome Estates II Partnership, LLLP

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

3. The street address of its chief executive office: **2450 SW 137 Avenue**
(if different from current recorded address): **Suite 228**

Miami, Florida 33175

4. The street address of principal office in Florida: **2450 SW 137 Avenue**
(if different from above) **Suite 228**

Miami, Florida 33175

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

6. The effective date of this filing shall be:

☒ 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:

A&A Registered Agent, Inc.

4551 Ponce de Leon Boulevard

Coral Gables

Florida 33146

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 13th day of April, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: **Pedro J. Adrian, President of Mng. A**
Pedro J. Adrian, Individually

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR 14 PM 3:10

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