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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Fruitville Holdings LLP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☒ Other LLP Qual.

file
2nd

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fruitville Holdings Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

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 M. Compton
(Name of Person)

Norton, Hammersley, Lopez & Skokos, P.A.
(Firm/Company)

1819 Main Street, Suite 610
(Address)

Sarasota, Florida 34236
and Zip Code)

For further information concerning this matter, please call:

John M. Compton at (941) 954-4691
(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:
Fruitville Holdings Limited Partnership

Insert limited partnership's Florida document number: A05000001187

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:

Fruitville Holdings LLLP

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

3. The street address of its chief executive office: **715 Apricot Avenue, Suite D**
(if different from current recorded address): **Sarasota, FL 34237**

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:

XX 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:

John M. Compton, Esq.

1819 Main Street, Suite 610

Sarasota, _____, Florida 34236

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 14th day of JUNE, 2005.

Signature of TWO Partners:

[Signature] General partner
[Signature] Limited partner

Typed or printed names of partners signing above: **Steve Liebel, General Partner**

Steve Liebel, Limited Partner

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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