

A05000001643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner

DCC

Updater

Office Use Only

Updater  
Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



100058593261

08/23/05--01037--007 \*\*86.25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/23 P 4:54

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L2T, LLLP

**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:

**Leslie Wells, President  
of Leslie Wells Realty, Inc.  
8223 US Highway 301 N  
Parrish, Florida 34219**

For further information concerning this matter, please call:

**Leslie Wells at (941) 776-5571**

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

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

RECEIVED  
DIVISION OF STATE  
SECRETARY OF FLORIDA

23 P 4:54

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

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
**L2T, LLLP**

Insert limited partnership's Florida document number: A05000000 1643

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:

**L2T, LLLP**

3. The street address of its chief executive office: Leslie Wells Realty, Inc.  
(if difference from current recorded address): 8223 U.S. Highway 301  
Bradenton, Florida 34219

4. The street address of the principal office in Florida: Same as above

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: \_\_\_\_\_

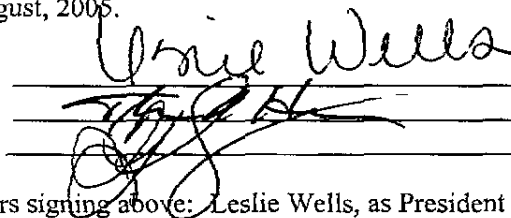
7. The name and Florida street address of the Limited liability limited partnership's agent for service of process:

Leslie Wells, President  
of Leslie Wells Realty, Inc.  
8223 U.S. Highway 301 N  
Parrish, Florida 34219

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 11<sup>th</sup> day of August, 2005.

Signature of THREE Partners: \_\_\_\_\_



Typed or printed names of partners signing above: Leslie Wells, as President  
of Leslie Wells Realty, Inc., limited general partner

Tiffney Mosley, as President  
of Tiffney Mosley, P.A., limited partner

Tom Hearn, as President  
of Tom Hearn, P.A., limited partner

ARY OF STATE  
SECRETARIO

23 P 4:5

ED