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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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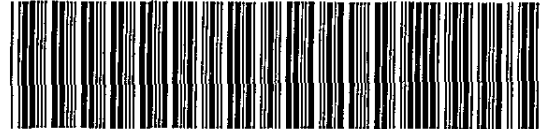
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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A05-1948
OK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolf & Wolf Fruits and Vegetables Ltd
(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:

Robert R. Hendry
(Name of Person)

Hendry, Stoner, Calandrino & Brown, P.A.
(Firm/Company)

20 North Orange Avenue, Suite 600
(Address)

Orlando, Florida 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert R. Hendry at (407) 843-5880
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**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:

Wolf & Wolf Fruits and Vegetables Ltd

Insert limited partnership's Florida document number: AOS-1948

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:

Wolf & Wolf Fruits and Vegetables LLLP

(Must include LLLP or L I L P)

3. The street address of its chief executive office: 2615 Rose Isle Circle
(if different from current recorded address):

Orlando, Florida 32803

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:

☒ 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:

Hendry, Stoner, Calandrino & Brown, P.A.

20 North Orange Avenue, Suite 600

Orlando, Florida 32801

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 27 day of OCTOBER, 2005

Signature of TWO Partners:

Typed or printed names of partners signing above: Wolf & Wolf Fruits and Vegetables Ltd

Robert Davis + ANDREAS WOLF

✓ Filing Fee: \$25.00

✓ Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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