

A060000000671

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W06-17846

Office Use Only



900069834739

04/12/06--01027--023 \*\*1061.25

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2006 MAY 19 PM 12:25

DB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2006

WILLIAM D. LONG  
2849 LUST RD  
APOPKA, FL 32703

SUBJECT: LONG FARMS LIMITED LIABILITY LIMITED PARTNERSHIP  
Ref. Number: W06000017846

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DIVISION OF CORPORATIONS  
2006 MAY 19 PM 12:25

We have received your document for LONG FARMS LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 106A00025606



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2006

WILLIAM D. LONG  
2849 LUST RD  
APOPKA, FL 32703

SUBJECT: THE W.D. LONG FAMILY FARMS LIMITED LIABILITY LIMITED  
PARTNERSHIP  
Ref. Number: W06000017846

Please accept our apology for failing to mention this in our previous letter.

Section 620.108, Florida Statutes, requires the certificate include the names and street addresses of the general partners.

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 506A00029813

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DIVISION OF CORPORATIONS  
2006 MAY 19 PM 12:25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The W.D. Long Family Farms Limited Liability Limited  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

William D. Long  
(Contact Person)  
Long Farms, Inc.  
(Firm/Company)  
2849 Lust Road  
(Address)  
Apopka, FL 32703  
(City, State and Zip Code)

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DIVISION OF  
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For further information concerning this matter, please call:

William D. Long at ( 407 ) 889-4141  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)  
☐ \$1,008.75 Filing Fees  
and Certificate of  
Status  
☐ \$1,052.50 Filing Fees  
and Certified Copy  
☒ Already mailed  
\$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The W.D. Long Family Farms Limited Liability Limited Partners

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 2849 Lust Road  
(Street address of initial designated office)

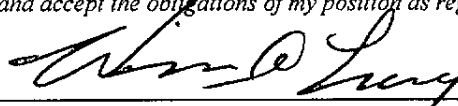
Apopka, Florida 32703

3. William D. Long  
(Name of Registered Agent for Service of Process)

4. 2849 Lust Road  
(Florida street address for Registered Agent)

Apopka, Florida 32703

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

6. 2849 Lust Road  
(Mailing address of initial designated office)

Apopka, Florida 32703

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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8. Name and business address of each general partner:

Name:

Business Address:

Long Farms, Inc

2849 Lost Loch 270583

Apopka, FL 32703

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2006 MAY 19 PM 12:25

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 15 day of May, 2006.

Signature of each general partner:

[Signature]

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

Page 2 of 2