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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies		of Status
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Special Instructions to	Filing Officer:	

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EINISION OF CORPORATIONS
ON MAR -2 PH 2: 05

PULLUM & PULLUM, PA ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM MARYBETH L. PULLUM SUITE 701 FIRST FAMILY OAKS 1330 W. CITIZENS BLVD. LEESBURG, FL 34748

TELEPHONE: (352) 728-3060

FAX: (352) 728-0003

E-mail: steve.pullum@pullumlaw.com

February 22, 2007

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

Re: Helene A. Tiballi Family Limited Liability Limited Partnership

Dear Sir or Madam:

Enclosed are the executed Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Limited Partnership and a check in the amount of \$1,061.25 to cover filing fees, certified copy, and certificate of status in connection with the above-captioned partnership.

Please feel free to contact our office if you require additional information. Thank you.

Very truly yours,

Alicia F. Morris

Assistant to J. Stephen Pullum

afm

Enclosures

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COVER LETTER

Registration Section TO: Division of Corporations SUBJECT: HELENE A. TIBALLI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Limited Partnership and fees are submitted for filing. Please return all correspondence concerning this matter to: J. STEPHEN PULLUM, ESQ. (Contact Person) VANNESS & VANNESS, P.A. 1205 North Meeting Tree Blvd. (Address) Crystal River, FL 34429 (City, State and Zip Code) For further information concerning this matter, please call: J. Stephen Pullum, Esq. (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: □\$1,000.00 Filing Fees □\$1,008.75 Filing Fees □\$1,052.50 Filing Fees ☑\$1,061.25 Filing Fees, and Certified Copy Certified Copy, and (\$965 Filing Fee and and Certificate of Certificate of Status \$35 Registered Agent Status Fee) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

CR2E030 (01/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

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

1. HELENE A. TIBALLI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(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.

2.3080 Longcommon Parkway
(Street address of initial designated office)
Elgin, IL 60124
_{3.} Thomas M. VanNess, Jr.
(Name of Registered Agent for Service of Process)
4. 1205 North Meeting Tree Blvd.
(Florida street address for Registered Agent)
Crystal River, FL 34429
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.} P. O. Box 5934
(Mailing address of initial designated office)
Elgin, IL 60121-5934

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

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

\$52.50

\$8.75

Page 2 of 2

Business Address:

8. Name and business address of each general partner:

Name:

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):