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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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2008 AUG -5 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2008

VIRGIL LIGHT  
1990 MAIN STREET, STE 750  
SARASOTA, FL 34236

SUBJECT: THE TORRES FAMILY LIMITED PARTNERSHIP  
Ref. Number: W08000037103

We have received your document for THE TORRES FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 308A00044799

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Torres Family 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:

Virgil L. Light, Esq.  
(Contact Person)

Light & Associates, LLLP  
(Firm/Company)

1990 Main Street, Ste. 750  
(Address)

Sarasota, FL 34236  
(City, State and Zip Code)

For further information concerning this matter, please call:

Virgil L. Light at ( 941 ) 309-5415  
(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
- \$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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The Torres Family 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. 7820 N. Clark Ave. Tampa, FL 33614

(Street address of initial designated office)

3. Light & Associates, LLLP

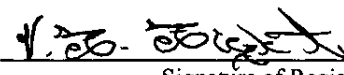
(Name of Registered Agent for Service of Process)

4. 1990 Main Street, Ste. 750, Sarasota, FL 34236

(Florida street address for Registered Agent)

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.

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TALLAHASSEE, FLORIDA



Signature of Registered Agent

6. 7820 N. Clark Ave. Tampa, FL 33614

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

Torres Family, LLC

7820 N. Clark Ave.

Tampa, FL 33614

Multiple horizontal lines for additional partner information.

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 July, 2008

Signature of each general partner:

Handwritten signature: [Signature] for the [Signature]

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AUG 05 09:50 AM

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Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75