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EXAMINER

*The Law Offices of*  
**Snyder & Snyder, P.A.**  
Attorneys and Counselors at Law

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Wills, Trusts & Estates

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www.snyderlawpa.com

E-Mail: Anne@snyderlawpa.com

December 10, 2008

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

**Re: Cosman Family Limited Liability Limited Partnership**

Dear Sir/Madam:

Please find enclosed the Cover letter, Certificate of Limited Partnership and a firm check in the amount of \$1,000.00 to cover the filing fees for the above referenced Florida Limited Liability Limited Partnership. Should you have any question, please do not hesitate to contact our office.

Very truly yours,

SNYDER & SNYDER, P.A.



Anne J. McPhee

AJM:ajm  
Encls.

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2008 DEC 11 11:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cosman 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:

William A. Snyder, Esq.

(Contact Person)

Snyder & Snyder, P.A.

(Firm/Company)

7931 S.W. 45th Street

(Address)

Davie, Florida 33328

(City, State and Zip Code)

For further information concerning this matter, please call:

William Snyder

(Name of Contact Person)

at ( 954 ) 475-1139

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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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TALLAHASSEE, FLORIDA

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

1. COSMAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

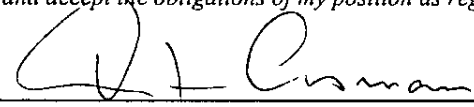
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.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

2. 3051 WEST STATE ROAD 84, FORT LAUDERDALE, FL 33312  
(Street address of initial designated office)

3. DIETER COSMAN  
(Name of Registered Agent for Service of Process)

4. 3051 WEST STATE ROAD 84, FORT LAUDERDALE, FL 33312  
(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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6. 3051 WEST STATE ROAD 84, FORT LAUDERDALE, FL 33312  
(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:

COSMAN HOLDINGS, LLC

3051 WEST STATE ROAD 84

LO8-112498

FORT LAUDERDALE, FL 33312

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TALLAHASSEE, FLORIDA

FILED

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 10<sup>th</sup> day of December, 2008.

Signature of each general partner:

Cosman Holdings, LLC by: [Signature], Manager  
\* [Signature], Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75