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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

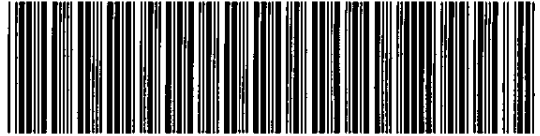
(Document Number)

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01/27/09--01029--024 \*\*1052.50

EFFECTIVE DATE

1/31/09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 FEB -5 AM 10:37

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2009

ATTORNEY MARY D. COSTELLO  
COSTELLO & LEITER, P.C.  
P.O. BOX 15629  
SPRINGFIELD, MA 01115

SUBJECT: THE AQUADRO FAMILY LIMITED PARTNERSHIP  
Ref. Number: W09000004285

We have received your document for THE AQUADRO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability limited partnership cannot include a limited partnership suffix. The name must include an acceptable limited liability limited partnership suffix. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, L.L.L.P. or LLLP. Please amend your document accordingly.

Is Corporation Service Company the Registered Agent or Richard? The address listed is not the address for CSC.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 709A00003116

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE AQUADRO 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:

Attorney Mary D. Costello

(Contact Person)  
Costello & Leiter, P.C.

(Firm/Company)  
1500 Main Street  
P.O. Box 15629

(Address)  
Springfield, MA 01115

(City, State and Zip Code)

For further information concerning this matter, please call:

Attorney Mary D. Costello at ( 1 413 214 6100 )

(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

CR2E030 (01/06)

FILED

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

09 FEB -5 AM 10: 37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The Aquadro 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. 4216 Gull Cove Road, New Smyrna Beach, FL 32169  
(Street address of initial designated office)

3. Richard C. Aquadro  
(Name of Registered Agent for Service of Process)

4. 4216 GULL COVE ROAD, NEW SMYRNA BEACH, FL 32169  
(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.

~~XXXXXXXXXXXXXXXXXXXX~~  
By: Richard C. Aquadro

Signature of Registered Agent RICHARD C. AQUADRO

6. 4216 GULL COVE ROAD, NEW SMYRNA BEACH, FL 32169  
(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:

Richard C. Aquadro

4216 GULL COVE ROAD

NEW SMYRNA BEACH, FL 32169

Marie E. Aquadro

4216 GULL COVE ROAD

NEW SMYRNA BEACH, FL 32169

9. Effective date, if other than the date of filing: January 31, 2009

(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 14 day of JANUARY 2009

Signature of each general partner:

Richard C. Aquadro

Richard C. Aquadro

Marie E. Aquadro

Marie E. Aquadro

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

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TALLAHASSEE, FLORIDA

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