

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

12 MAR 14 AM 10:44

DOCUMENT # A09000000206

1. Name of Limited Partnership

Robert and Sally Young Family Limited Partnership

**800224741938
03/14/12--01024--001 **2000.00**

2. Principal Office Address - No P.O. Box #
408-A Howard Avenue

3. Mailing Office Address
408-A Howard Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33815

Country
US

Zip
33815

Country
US

4. Date Formed or Registered
To Do Business in Florida **03/31/2009**

5. FEI Number
26-4607890

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Jeffrey M. Lasman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1560 W. Cleveland St.

Suite, Apt. #, Etc.

City
Tampa

FL Zip Code
33606

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

E-mail Address:

sally.young48@gmail.com

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

2/10/12

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

**Robert and Sally Young Family
Management, LLC**

408-A Howard Avenue

Lakeland, FL 33815

L09000031036

REINSTATEMENT

2011-2012

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS, in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, FS.

SIGNATURE

DATE **2/8/12**

Typed or Printed Name of General Partner Signing Form

Robert D. Young Sally S. Young

Telephone Number

Rollie 678-591-3660

Sally 678-699-1177