

A09000000279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

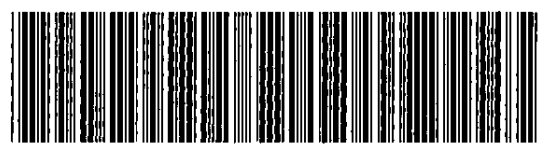
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
W09-17449
A. LUNT
APR 28 2009
EXAMINER

Office Use Only



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04/10/09--01025--027 **1063.50

2009 APR 27 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LAW OFFICES

WARCHOL, MERCHANT & ROLLINGS, LLP

A FLORIDA LIMITED LIABILITY PARTNERSHIP
FEIN 59-2851736

MARTHA S. WARCHOL
WILLIAM C. MERCHANT
Certified Circuit Court Mediator
Court Appointed Arbitrator
HARVEY ROLLINGS
Certified Circuit Court Mediator
MARK HOROWITZ, P.A.
CHARLES C. JONES, II, PA
ANNETTE GIARDINA HABER
J. DERRICK MAGINNESS

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FLORIDA 33904
OR
POST OFFICE BOX 100767
CAPE CORAL, FLORIDA 33910

(239) 542-0700
FAX (239) 542-8627
www.WMRLawoffice.com

SENDER'S E-MAIL: Rollings@WMRLAWOFFICE.COM

April 9, 2009

Corporate Records Bureau
Division of Corporations
Department of State
2661 Executive Center Circle West
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

Attn: Corporate Division

**RE: Limited Liability Limited Partnership Agreement
Of Guido Family, L.L.L.P.
Our File No. 32842**

Dear Madam/Sir:

Enclosed herewith are the original and one (1) copy of the Limited Liability Limited Partnership Agreement of the above referenced Agreement, together with a check in the amount of \$1,063.50, said check allocated as follows:

\$965.00 filing fee;
\$35.00 registered agent fee; and
\$63.50 certified copy.

Please return a certified copy of the Agreement to this office.

Yours truly,



Harvey Rollings

HR/lmf
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2009

WARCHOL, MERCHANT & ROLLINGS, LLP
P.O. BOX 100767
CAPE CORAL, FL 33910

SUBJECT: GUIDO FAMILY, L.L.L.P.
Ref. Number: W09000017449

We have received your document for GUIDO FAMILY, L.L.L.P. and your check(s) totaling \$1063.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 709A00012512

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(239) 542-0700
FAX (239) 542-8627
www.WMRLawoffice.com

SENDER'S E-MAIL: Rollings@WMRLAWOFFICE.COM

April 22, 2009

Corporate Records Bureau
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

**RE: Guido Family, L.L.L.P.
Reference No. W09000017449
Our File No. 32842**

Dear Madam/Sir:

Please find enclosed the following documents:

1. Cover letter;
2. Certificate of Limited Liability Limited Partnership;
3. Two (2) original Limited Liability Limited Partnership Agreements of the Guido Family LLLP;
4. Our previous letter of correspondence to the Department of State; and
5. Copy of the letter from the Department of State dated April 14, 2009.

I would appreciate after review that you accept these documents for filing and return them to us as previously requested; the certified copy and the Certificate of Status.

If you have any questions, please do not hesitate to contact me.

Yours truly,



Harvey Rollings

HR/lmf
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guido Family, L.L.L.P.
(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:

Harvey Rollings

(Contact Person)

Warchol, Merchant & Rollings, LLP

(Firm/Company)

1633 SE 47th Terrace

(Address)

Cape Coral, FL 33904

(City, State and Zip Code)

For further information concerning this matter, please call:

Harvey Rollings at (239) 542-0700
(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

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

1. Guido Family, L.L.L.P.

(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. 16061 Waterleaf Lane
(Street address of initial designated office)

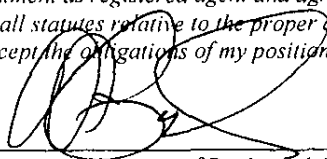
Fort Myers, FL 33908

3. Michael F. Guido
(Name of Registered Agent for Service of Process)

4. 16061 Waterleaf Lane
(Florida street address for Registered Agent)

Fort Myers, FL 33908

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. 16061 Waterleaf Lane
(Mailing address of initial designated office)

Fort Myers, FL 33908

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

SECRETARY OF STATE
ALLAHASSEE, FLORIDA
2009 APR 27 AM 11:25

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8. Name and business address of each general partner:

Name:

Business Address:

Michael F. Guido

16061 Waterleaf Lane

Fort Myers, FL 33908

2009 APR 27 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

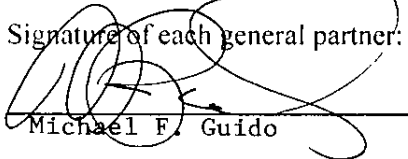
FILED

9. Effective date, if other than the date of filing: March 1, 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 22nd day of April, 2009

Signature of each general partner:



Michael F. Guido

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