

A09000000280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

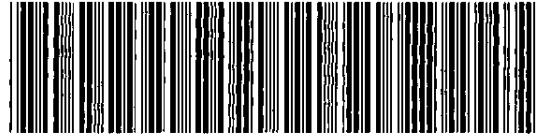
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR 28 2009

EXAMINER



600150254676

04/24/09--01030--013 **1000.00

09 APR 24 PM 1:14

FILED
SECRETARY
DIVISION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAMS 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:

Kristen M Jackson

(Contact Person)

KM Jackson Law Firm, PA

(Firm/Company)

5728 Major Blvd, Suite 600

(Address)

Orlando, FL 32819

(City, State and Zip Code)

For further information concerning this matter, please call:

Kristen M Jackson

(Name of Contact Person)

at (407) 363-9020

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Status Certificate of Status
Fee)

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)

**CERTIFICATE OF
WILLIAMS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

The undersigned, desiring to form a Limited Liability Limited Partnership pursuant to the the Florida Revised Uniform Partnership Act (1986), Chapter 620, Florida Statutes do hereby certify:

1. The name of the Limited Liability Limited Partnership is WILLIAMS FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP.

2. The business address of the Limited Partnership is 1824 Hollenbeck Drive, Orlando, Florida 32806.

3. The name and address of the registered agent for service of process shall be Douglas Alan Williams, 1824 Hollenbeck Drive, Orlando, Florida 32806.

4. Signature of Registered Agent (to accept designation as Registered Agent):

Douglas Alan Williams
Registered Agent

5. The mailing address of the Limited Liability Limited Partnership is 1824 Hollenbeck Drive, Orlando, Florida 32806.

6. The latest date upon which the Limited Liability Limited Partnership is to be dissolved is December 31, 2060.

7. The name and street address of the general partner of the Partnership is:

DOUGLAS ALAN WILLIAMS
1824 Hollenbeck Drive, Orlando, Florida 32806

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed on April 20, 2009.

Signatures of all general partners:

Douglas Alan Williams
DOUGLAS ALAN WILLIAMS

09 APR 21 PM 1:14

SECRET
DIVISION