

A 09000000332

(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



300156012113

05/19/09--01017--007 \*\*1000.00

RECEIVED

09 MAY 19 AM 10:27

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

09 MAY 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY 19 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.  
1574 Village Square Blvd Ste 100  
Tallahassee, Florida 32309  
(850) 681-6528

**HOLD**  
**FOR PICKUP BY**  
**UCC SERVICES**  
**OFFICE USE ONLY**

May 19, 2009

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Loch Family LLLP

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

FILED  
09 MAY 19 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other - LP

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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

FILED  
09 MAY 19 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **LOCH FAMILY LLLP**  
(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 LLP.

2. **2124 Silver Leaf Court**  
(Street address of initial designated office)

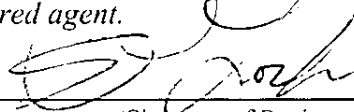
**Longwood, FL 32779**

3. **E. Paul Loch**  
(Name of Registered Agent for Service of Process)

4. **2124 Silver Leaf Court**  
(Florida street address for Registered Agent)

**Longwood, FL 32779**

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. **2124 Silver Leaf Court**  
(Mailing address of initial designated office)

**Longwood, FL 32779**

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

8. Name and business address of each general partner:

Name

Address

E. Paul Loch

2124 Silver Leaf Court


Longwood, FL 32779

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 documents is filed by the Florida Department of State.)*

Signed this 13<sup>th</sup> day of May, 2009.

Signature of each general partner:

  
\_\_\_\_\_  
E. Paul Loch

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