

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Talbott 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:

Gary N. Talbott

Contact Person

The Talbott Family Limited Partnership

Firm/Company

1300 NE 22nd Place

Address

Cape Coral, Florida 33909-1709

City, State and Zip Code

garyswhim@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Pickard at ( 239 ) 574-9463

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)

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

FILED  
OCT 15 PM 1:04

1. THE TALBOTT FAMILY 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. 1300 NE 22ND PLACE

(Street address of initial designated office)

CAPE CORAL, FLORIDA 33909-1709

3. GARY N. TALBOTT

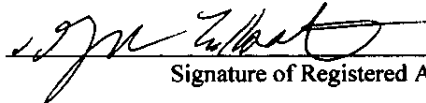
(Name of Registered Agent for Service of Process)

4. 1300 NE 22ND PLACE

(Florida street address for Registered Agent)

CAPE CORAL, FLORIDA 33909-1709

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. 1300 NE 22ND PLACE

(Mailing address of initial designated office)

CAPE CORAL, FLORIDA 33909-1709

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:

GARY N. TALBOTT

1300 NE 22nd PLACE

CAPE CORAL, FL 33909

ANGELYN M. TALBOTT

1300 NE 22nd PLACE

CAPE CORAL, FL 33909

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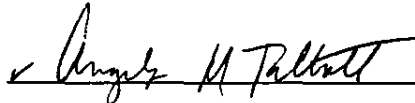
9. Effective date, if other than the date of filing: October 15th, 2010

*(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 11 day of October, 2010

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.





**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

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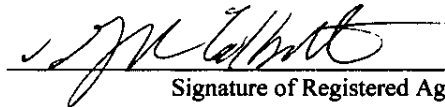
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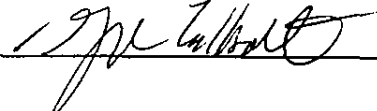
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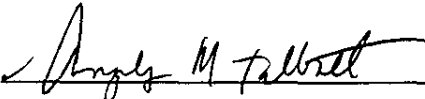
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