

Ruden, McCloskey, R.L.  
Requestors me

**A 10538**

215 South Monroe Street Suite 815  
Address

Tallahassee, FL 32301 681-9027  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. filing Vero Beach Star-All 700253711577  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. LLP # \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 DEC 13 PM 2:42

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
99 DEC 13 PM 12:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Elizabeth Davis  
OK Nov 11/26/99

-12/13/99-01099-008  
\*\*\*\*\*77:58

3K 12/13/99

STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN  
LIMITED LIABILITY PARTNERSHIP

1. The name of the partnership as identified in the records of the Florida Department of State:  
Vero Beach Stor-All, Ltd.

Insert partnership's Florida registration number: A10538

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: LLP  
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: \_\_\_\_\_  
(if different from current recorded address): \_\_\_\_\_

4. The street address of principal office in Florida: \_\_\_\_\_  
(if different from above) \_\_\_\_\_

5. The name and Florida street address of the partnership's agent for service of process:  
Larry W. Anderson  
1375 W. Hillsboro Blvd.  
Deerfield Beach, Florida 33442

6. This partnership hereby elects to be a limited liability partnership.

7. The effective date of this filing shall be:  
X as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.

Signed this 3<sup>rd</sup> day of December, 19 99

Signature of TWO Partners:

[Signature] General Partner  
[Signature] Pres./Gen. Part - RIBECO, LTD - limited partner

Typed or printed names of partners signing above: Larry W. Anderson GENERAL PARTNER  
RIBECO, LTD. BY LARRY W. ANDERSON, PRES. - LIMITED PARTNER

Filing Fee: \$25.00

Certified Copy: (Optional): \$52.50

Certificate of Status Optional: \$8.75