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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SUBJECT: Bicker Back and Forth 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:

Robert C. Leithauser Jr	
Contact Person	
Skipper Bob's LLC	L12000034226
Firm/Company	<del></del>
5515 S. Tamiami Trail	
Address	
Sarasota, Fl 34231l	
City, State and Zip Code	<del></del>
RCL@RVOLAW.COM	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, plea	se call:
G A Dechow at (94	1 350 6465
	a Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	\$2.50 Filing Fees, Certified Copy  Certified Copy  Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:

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

CR2E030 (01/06)

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

Bicker Back and Forth 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 <sub>.</sub> 5515 S. Tamiami Trail		
(Street address of initial designated office)		
Sarasota, Florida 34231	4	
3. Skipper Bob's LLC	2 MAR	-
(Name of Registered Agent for Service of Process)		
4,5515 S. Tamiami Trail	C)	ŧ
(Florida street address for Registered Agent)	70	ě
Sarasota, Fl 34231	2:2	ŧ
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		
5.5515 S. Tamiami Trail		
(Mailing address of initial designated office)		
Sarasota, Florida 34233		
7. If limited partnership elects to be a limited liability limited partnership, check box		

8. Name and business address of e Name:	each general partner: <u>Business Address:</u>
Skipper Bob's LLC	5515 S. Tamiami Trail
	Sarasota, Fl 34231
	<del></del>
•	
9. Effective date, if other than the date of	`filing:
(Effective date cannot be prior to n filed by the Florida Department of	nor more than 90 days after the date the document is State.)
Signed this 11 day	of March , 2012 .
stated herein are true. I/We am/are document to the Department of Sta	I/We submit this document and affirm that the facts aware that any false information submitted in a ste constitutes a third degree felony as provided for in
- 17 100 W C. h	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2