

A120WVV00418

(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

B. KOHR

JUL 18 2012

EXAMINER



800236938178

07/02/12--01050--023 **1000.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:48

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2012

THOMAS W. WALTERS, ESQ
THOMAS W. WALTERS, P.A.
205 N.E. 5TH TERRACE
DELRAY BEACH, FL 33444

SUBJECT: BRAVA LIMITED PARTNERSHIP
Ref. Number: W12000035748

RECEIVED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:19

We have received your document for BRAVA LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is BRAVA, LLC -- Document Number M00000000467.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 912A00018164

Thomas W. Walters, P.A.

ATTORNEY AT LAW

205 N.E. 5th Terrace
Delray Beach, FL 33444
Office 561-266-2011
Fax 561-368-3471

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:49

July 16, 2012

Buck Kohr
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number : W12000035748
Letter Number 912A00018164

Dear Mr. Kohr:

Please find enclosed changes per the attached letter from the entity titled BRAVA LIMITED PARTNERSHIP with the new name and accompanying changes on the documents attached to AEDA LIMITED PARTNERSHIP. Please contact me if you have any questions or need further documentation. Thank you.

Sincerely yours, .



Thomas W. Walters, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AEDA 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:

Thomas W. Walters, Esq.
Contact Person
Thomas W. Walters, P.A.
Firm/Company
205 N.E. 5th Terrace
Address
Delray Beach, FL 33444
City, State and Zip Code
claudiostarosa@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas W. Walters, Esq. at (561) 266-2011
Name of Contact Person 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,
\$396.5 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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:49

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 3:49

1. AEDA 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.,
LLLP

2. 2802 SW 4th Street
(Street address of initial designated office)

Boynton Beach, FL 33435

3. Claudio Staros
(Name of Registered Agent for Service of Process)

4. 2802 SW 4th Street
(Florida street address for Registered Agent)

Boynton Beach, FL 33435

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. 2802 SW 4th Street
(Mailing address of initial designated office)

Boynton Beach, FL 33435

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

8. Name and business address of each general partner:

Name:

Business Address:

Claudio Staros

2802 SW 4th Street

Boynton Beach, FL 33435

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 document is filed by the Florida Department of State.)

☐ Signed this 22nd day of June, 2012.

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 § 817.155 F.S.

☐

☐

Claudio Staros

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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