

A13000000744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

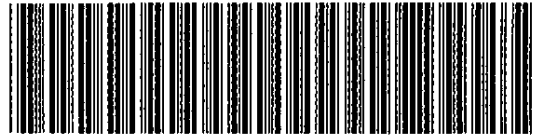
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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WJ-6774

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13 NOV 18 AM 10:43  
TALLAHASSEE, FLORIDA

DEC 9 2013

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GED Limited

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:

Amy Byrne

Contact Person

Firm/Company

9555 SW 69 Court

Address

Pinecrest, Florida 33156

City, State and Zip Code

dandrewbyrne@gmail.com

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

For further information concerning this matter, please call:

Amy Byrne

Name of Contact Person

at ( 305 ) 476-1048

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2013

AMY BYRNE  
9555 SW 69 COURT  
PINECREST, FL 33156

SUBJECT: <sup>E</sup>GRD LIMITED  
Ref. Number: W13000063974

<sup>E</sup>  
We have received your document for GRD LIMITED and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 913A00026730

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

1. GED Limited

(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. 9555 SW 69 Court  
(Street address of initial designated office)

Pinecrest, Florida 33156

3. Amy Byrne  
(Name of Registered Agent for Service of Process)

4. 9555 SW 69 Court  
(Florida street address for Registered Agent)

Pinecrest, Florida 33156

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. 9555 SW 69 Court  
(Mailing address of initial designated office)

Pinecrest, Florida 33156

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Amy Byrne

9555 SW 69 Court

Pinecrest, Florida 33156

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NOV 18 AM 10:43  
STATE  
TALLAHASSEE  
FLORIDA

FILED

9. Effective date, if other than the date of filing: November 18, 2013

*(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 18th day of November, 2013

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.

Amy W Byrne

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**