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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

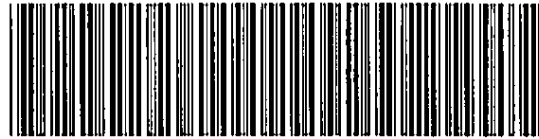
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/30/19--01007--005 **1061.25

FILED
2019 SEP 30 PM 2:39
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 16 2019

STEVEN K. LEDBETTER ESQ.
466 FOOTHILL BLVD., #385 LA CANADA, CA 91011
TELEPHONE: 818.802.1422 FAX: 818.279.0666
E-MAIL: SLEDBETTER@EARTHLINK.NET

September 27, 2019
VIA USP

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Certificate of Limited Partnership for Florida Limited Partnership Application

Enclosed please find the following:

- Completed Certificate of Limited Partnership for Florida Limited Partnership Application for Sunnymead Investment II L.P.
- A check from Steven K. Ledbetter Esq. in the amount of \$1061.25 representing the total amount due for filing said application, one Certified Copy and a Certificate of Status.

Please file the above-mentioned Certificate of Limited Partnership and return Certified Copy and Certificate of Status to me.

If you have any questions or comments regarding the enclosed document, please feel free to contact this office at the address/phone number listed above.

Sincerely,


Steven K. Ledbetter Esq.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunnymead Investment II L.P.

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:

Steven K. Ledbetter

Contact Person

Steven K. Ledbetter Esq.

Firm/Company

466 Foothill Blvd #385

Address

La Canada, CA 91011

City, State and Zip Code

sledbetter@earthlink.net

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

For further information concerning this matter, please call:

Steven K. Ledbetter

at (818) 802-1422

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 (6/17)

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2019 SEP 30 PM 2:33
TALLAHASSEE, FL

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

1. Sunnymead Investment II L.P.

(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. 345 Ocean Dr., Miami Beach, FL 33139

(Street address of initial designated office)

3. Ronnie W. Sudman

(Name of Registered Agent for Service of Process)

4. 345 Ocean Dr., Miami Beach, FL 33139

(Florida street address for Registered Agent)

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. 345 Ocean Dr., Miami Beach, FL 33139

(Mailing address of initial designated office)

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

2018 SEP 30 PM 2:39
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Rennie W. Sudman, Trustee of the Rennie
W. Sudman Revocable Trust UTD 5-23-19

345 Ocean Dr.

Miami Beach, FL 33139

2019 SEP 30 PM 2:33

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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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this

23

day of

Sept. 2019

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