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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Woodard Family Limited		
Name of Florida Limited Part	nership or Limite	ed Liability Limited Partnership
The enclosed Certificate of Limited Partnersh	ip and fees are	e submitted for filing.
Please return all correspondence concerning t	his matter to:	
Thomas Brent Woodard		_
Contact Person		
Firm/Company		-
1513 Island Green Drive	.=.	_
Address		
Miramar Beach, Florida 32550		
City, State and Zip Code		-
brentw@performanceltg.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matte	r. please call:	
Van P. Geeker	nt ( <u>850</u>	460-8000
Name of Contact Person		nd Daytime Telephone Number
Enclosed is a check for the following amount	:	
S1.000.00 Filing Fees S1.008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) S1.008.75 Filing Fees S1.008.75 Filing Fe	\$1.052.50 Fili and Certified (	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Divisio P. O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314
CR2E030 (6/17)		

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

Woodard Family 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. 1513 Island Green Drive	
(Street address of initial designated office)	
Miramar Beach, Florida 32550	
3. Thomas Brent Woodard	
(Name of Registered Agent for Service of Process)	
4. 1513 Island Green Drive	3
(Florida street address for Registered Agent)  Miramar Beach, Florida 32550	91192 JUN 30
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam with and accept the obligations of my position as registered agent.  Signature of Registered Agent	comply 🕡
Signature of Registered Agent	
6. 1513 Island Green Drive	
(Mailing address of initial designated office)	
Miramar Beach, Florida 32550	
7. If limited partnership elects to be a limited liability limited partnership, check box	

Page 1 of 2

Name:	<u>1</u>	nch general partner: Business Address:				
Woodard Management, LLC	١	1513 Island Green Drive				
		Miramar Beach, Florida 31	2550	 _		
				_		
	-					
				<del>_</del>		
	-					
	<del></del> _					
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	<del>-</del>			<del></del>		
				_		
9. Effective date, if other than the (Effective date cannot be prior to the Florida Department of State.) Note: If the date inserted in this between the control of the con	nor more th	an 90 days after the d				
this date will not be listed as the		• •	, .			
Signed this 29	day ot`_	June	2022	_		
Signature of each general partner herein are true. I/We am/are awar Department of State constitutes a	re that any fa	lse information submi	itted in a document to			
Woodard Management, LLC						
By: This Bot Wordard	<u> </u>			_		
Thomas Brent Woodard, Mana	ger			_		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50	<b>00</b> (\$965 Filing Fee and \$.	35 Registered Agent Fee)	)		

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