A95000000125

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIV. OF CORPORATIONS
409 E. GAINES ST.
TALLAHASSEE, FL 32399

[illegible]
[illegible]
******87.50 ******87.50

SUBJECT: ABC CONSULTANTS LTD.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP AND A CHECK FOR: $87.50 .

FROM: LARRY R. THOMAS
862 LIVE OAK LANE
OVIEDO, FL 32765
PH: 407-359-9673

FILED
1995 JAN 17 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/24/95a

FILED
95 JAN 17 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

ABC CONSULTANTS LTD.

A95000001135

1. THE NAME OF THE LIMITED PARTNERSHIP SHALL BE :

ABC CONSULTANTS LTD.

2. THE BUSINESS ADDRESS OF THE LIMITED PARTNERSHIP SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

3. THE NAME OF THE REGISTERED AGENT FOR SERVICE OF PROCESS SHALL BE:

LARRY R. THOMAS

4. THE FLORIDA STREET ADDRESS FOR REGISTERED AGENT SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

5. SIGNATURE OF REGISTERED AGENT FOR SERVICE OF PROCESS:

6. THE MAILING ADDRESS OF THE LIMITED PARTNERSHIP SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

7. THE LATEST DATE UPON WHICH THE LIMITED PARTNERSHIP IS TO BE DISSOLVED IS JANUARY 10, 2020

8. THE NAME OF THE GENERAL PARTNERS:

	SPECIFIC ADDRESS:
LARRY R. THOMAS	862 LIVE OAK LANE OVIEDO, FL 32765
CAROLYN J. THOMAS	862 LIVE OAK LANE OVIEDO, FL 32765

SIGNED THIS 11TH DAY OF JANUARY 1995.
SIGNATURE OF ALL GENERAL PARTNERS:

GENERAL PARTNER

GENERAL PARTNER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED CONSTITUTING ALL OF THE GENERAL PARTNERS OF ABC CONSULTANTS LTD. A FLORIDA LIMITED PARTNERSHIP, CERTIFY:

THE AMOUNT OF CAPITAL CONTRIBUTIONS TO DATE OF THE LIMITED PARTNERS IS $500.00 .
THE TOTAL AMOUNT CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS AT THIS TIME TOTALS $5000.00 .

FURTHER AFFIANT SAYETH NOT.
UNDER THE PENALTIES OF PERJURY I DECLARE THAT I HAVE READ THE FOREGOING AND KNOW THE CONTENTS THEREOF AND THAT THE FACTS STATED HEREIN ARE TRUE AND CORRECT.

GENERAL PARTNER

GENERAL PARTNER

THIS 11TH DAY OF JANUARY 1995.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 620.105, FLORIDA STATUTES, THE UNDERSIGNED LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited partnership is:

ABC CONSULTANTS LTD.

2. The name and address of the registered agent and office is:

LARRY R. THOMAS
862 LIVE OAK LANE
OVIEDO, FL 32765

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 relating 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

1-10-95
Date

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -8 PM 4:54

1. Name of Limited Partnership

1a. DOCUMENT # A95000000125

ABC CONSULTANTS LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address
862 LIVE OAK LANE
OVIEDO FL 32765

Principal Office Address
862 LIVE OAK LANE
OVIEDO FL 32765

2. New Mailing Address If Applicable
Suite, Apt. #, etc.
City, State & Zip

700001687997
-01/11/96--01097--025
****200.00 ****200.00

2a. New Principal Office Address If Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA 01/17/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record $5,000.00

5b. Amount of Capital Contributions in FLORIDA to date $5000.00

6. FEI Number 59-3346138

7. CERTIFICATE OF STATUS REQUIRED — Applied For / Not Applicable — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

THOMAS, LARRY R
862 LIVE OAK LANE
OVIEDO FL 32765

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
THOMAS, LARRY R	862 LIVE OAK LANE	OVIEDO FL 32765	
THOMAS, CAROLYN J	862 LIVE OAK LANE	OVIEDO FL 32765	

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 12-29-95

Typed or Printed Name of General Partner Signing Form LARRY R. THOMAS Telephone Number 407-359-9673

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