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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert R. Logan Limited Partnership II
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Merritt A. Gardner

Contact Person

Gardner Law Firm

Firm/Company

5415 Mariner St., Ste. 200

Address

Tampa, Florida 33609

City, State and Zip Code

mgardner@magardner.com

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

For further information concerning this matter, please call:

Merritt A. Gardner

(Name of Contact Person)

at (813)

288-9600

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

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 Limited Partnership or Limited Liability Limited Partnership

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>Robert R. Logan</u>	<u></u>	<u></u>
<u>Limited Partnership I</u>	<u>Florida</u>	<u>Limited Partnership</u>
<u>Robert R. Logan</u>	<u></u>	<u></u>
<u>Limited Partnership II</u>	<u>Florida</u>	<u>Limited Partnership</u>

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Robert R. Logan Limited Partnership II	Florida	Limited Partnership

THIRD: The date the merger is effective under the governing laws of the surviving party is: upon filing of this Certificate by Florida Secretary of State.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address: N/A

Mailing address: N/A

SIXTH: Other provisions, if any, relating to the merger:

None.

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Robert R. Logan Limited Partnership I	<i>Robert R. Logan</i>	Robert R. Logan, Trustee
	<i>Martha Sue Logan</i>	Martha Sue Logan, Trustee
		General Partners
Robert R. Logan Limited Partnership II	<i>Robert R. Logan</i>	Robert R. Logan, Trustee
	<i>Martha Sue Logan</i>	Martha Sue Logan, Trustee
		General Partners

Fees: Filing Fees: \$52.50 Per Party
Certified Copy: \$52.50 (Optional)
Certificate of Status: \$8.75 (Optional)

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10 MAR 12 PM 2:30
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TALLAHASSEE, FLORIDA