

A96000001612

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05 MAR 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILE SECOND!

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 3/25/05

REF. #: 0672.36275

CORP. NAME: JOHN C. ELLIOT FAMILY LIMITED PARTNERSHIP, LLLP

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: LLLP | | |

STATE FEES PREPAID WITH CHECK# 511920 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
John C. Elliott Family Limited Partnership
- Insert limited partnership's Florida document number: A96000001612
or
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.
2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)
- 2.5 Name of Partnership after filing this statement: John C. Elliott Family Limited Partnership, LLLP
3. The street address of its chief executive office: N/A
(if different from current recorded address)
4. The street address of principal office in Florida: N/A
(if different from above)
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____
7. The name and Florida street address of the partnership's agent for service of process:
John C. Elliott
2211 Valrico Forest Drive
Valrico, Florida 33594

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TALLAHASSEE, FLORIDA

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 31st day of December, 2004.

Signature of TWO Partners:

Linda E. Mieras
John C. Elliott

Typed or printed names of partners signing above: Linda E. Mieras, General Partner
John C. Elliott, Limited Partner