

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000002487

1. Entity Name
SALLS FAMILY LIMITED PARTNERSHIP LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 PM 3:50

Principal Place of Business
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689

Mailing Address
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

10092007 REIN-LP CR2E100 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALLS, WAYNE C
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34689

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE *Wayne C Salls*
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

10-11-07
DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SALLS, WAYNE C
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34688

STREET ADDRESS
CITY-ST-ZIP

100110918891
10/17/07--01074--001 **\$500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SALLS, DOROTHY E
125 MEADOWS DRIVE
TARPON SPRINGS, FL 34688

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Wayne C Salls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10-11-07 727-937-3814
Date Daytime Phone #

STAPLE CHECK HERE