

A97000002753

Bob Roberts

Requestor's Name

6824 Flicker Lane

Address

Hudson, FL 34667

City/State/Zip

Phone #

400002370934--4

-12/12/97--01088--002

****140.00 ****140.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Your Neighbor's R.V., Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____ CM
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
97 DEC 18 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. Your Neighbor's R.V., L+D.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 15955 U.S. Highway 19 Hudson, FL 34667
(Business address of Limited Partnership)
3. Michael R. Power
(Name of Registered Agent for Service of Process)
4. 15955 U.S. Highway 19 Hudson, FL 34667
(Florida street address for Registered Agent)
5. X [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 5601 Edmond Suite M Waco, TX 76710
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 11/1/2020
8. Name(s) of general partner(s): _____ Street address: _____

Bob Roberts 6824 Flicker Ln Hudson FLA, 34667

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of December, 19 97.

Signature of all general partners:

X [Signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
97 DEC 18 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Your Neighbor's
R.V., Ltd
a Florida Limited Partnership, certify:

FILED
97 DEC 18 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 950.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 950.00

Signed this 10th day of December, 19 97

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

x Robert L. Butler
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner