

K. SALY  
NOV 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2016

KANEY & OLIVARI, P.L.  
JONATHAN D KANEY III  
55 SETON TRAIL  
ORMOND BEACH, FL 32176

SUBJECT: THE L SQUARED FLORIDA OFFICE, LLLP  
Ref. Number: B15000000264

We have received your document for THE L SQUARED FLORIDA OFFICE, LLLP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000076069 "L SQUARED LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 816A00000344

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE L SQUARED FLORIDA OFFICE, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JONATHAN D. KANEY III

Contact Person

KANEY & OLIVARI, P.L.

Firm/Company

55 SETON TRAIL

Address

ORMOND BEACH, FL 32176

City, State and Zip Code

JAKE@KANEYOLIVARI.COM

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

For further information concerning this matter, please call:

JONATHAN D. KANEY III at (386) 675-0691

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☒ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
**2016 NOV 21 PM 4:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

THE L SQUARED FLORIDA OFFICE, LLLP

Insert name currently on file with Florida Department of State

B15000000264

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.
- ☒ The record was defectively signed.

**SECOND:** This statement corrects Application by Foreign Limited Liability Limited Partnership to Transact Business in Florida

Specify document type being corrected

filed with the Florida Department of State on 09/30/2016

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

- 1) The name THE L SQUARED FLORIDA OFFICE, LLLP.
- 2) Principal address 1541 State Ave, Holly Hill, FL 32117.

**FOURTH:** The false or erroneous information or defect is corrected as follows:

- 1) The name is THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP as this name was not unavailable.

An attempted filing was made under the name THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP on 09/28/2016, Document Number W15000064433, however the filing was rejected due to a "date" issue and not that the name THE L SQUARED, LIMITED-LIABILITY LIMITED PARTNERSHIP was unavailable. The correct name for this Foreign Limited Partnership is THE L SQUARED LIMITED-LIABILITY LIMITED PARTNERSHIP.

- 2) Principal address is 4730 S. Fort Apache Rd., Suite 300, Las Vegas, NV 89147.

FILED

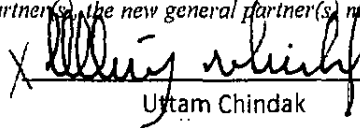
2016 NOV 21 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of a general partner\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

\_\_\_\_\_

X 

Uttam Chindak

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s) of new general partner(s), if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*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 relative 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 of Registered Agent

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75