

A140000000056 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

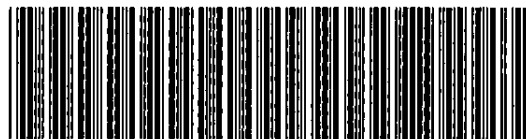
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2014 JAN 22 PM 2:16  
TALLAHASSEE, FL 32309

B. BOSTICK

JAN 28 2014

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GROSSMAN FAMILY LIMITED LIABILITY PARTNERSHIP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Katalina Peñaranda

Contact Person

Guttenmacher, Bohatch, & Peñaranda, P.A

Firm/Company

7301 SW 57th Court, Suite 560

Address

South Miami, Florida 33143

City, State and Zip Code

Kpenaranda@gbptaxlaw.com

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

For further information concerning this matter, please call:

Katalina Peñaranda

Name of Contact Person

at ( 305 )

Area Code and Daytime Telephone Number

666-1040

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Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, 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

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. GROSSMAN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 1016 FLAGLER AVENUE

(Street address of initial designated office)

KEY WEST, FL 33040

3. G, B, B-B REGISTRIES, LLC

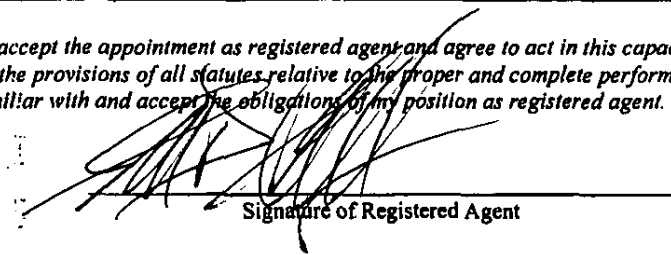
(Name of Registered Agent for Service of Process)

4. 7301 SW 57TH COURT, SUITE 560

(Florida street address for Registered Agent)

SOUTH MIAMI, FL 33143

5. *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

6. 1016 FLAGLER AVENUE

(Mailing address of initial designated office)

KEY WEST, FL 33040

7. If limited partnership elects to be a limited liability limited partnership, check box

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MAY 22 2014  
MIAMI  
2014 JAN 22 PM 2:26

8. Name and business address of each general partner:

Name:

Business Address:

LILLIAN C. GROSSMAN, TRUSTEE  
OF THE THIRD RESTATEMENT OF  
THE LILLIAN C. GROSSMAN LIVING  
TRUST, UTD DEC. 16, 2013

1016 FLAGLER AVENUE

KEY WEST, FL 33040

SUSAN L. CAMPBELL & ROSE ANNE  
ABRAMS, CO - TRUSTEES OF THE  
GROSSMAN FAMILY TRUST  
UTD DEC. 16, 2013

1016 FLAGLER AVENUE

KEY WEST, FL 33040

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 16 day of DECEMBER, 2013

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Lillian C. Grossman*  
*Susan L. Campbell*  
*Rose Anne Abrams*

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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