

# LLP

(For Office Use Only)

## COVER LETTER

**TO:** Reinstatement Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Partnership)

**PARTNERSHIP'S REGISTRATION NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

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

For further information concerning this matter, please call:

\_\_\_\_\_ At (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**

Reinstatement Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Reinstatement Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the partnership as identified in the records of the Florida Department of State:

\_\_\_\_\_.

Insert partnership's Florida registration number: GP \_\_\_\_\_

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: \_\_\_\_\_

("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: \_\_\_\_\_

(if different from current recorded address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. The street address of principal office in Florida: \_\_\_\_\_

(if different from above) \_\_\_\_\_

\_\_\_\_\_

5. The name and Florida street address of the partnership's agent for service of process:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_

6. This partnership hereby elects to be a limited liability partnership.

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

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

I am 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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of a partner or authorized person: \_\_\_\_\_

Typed or printed name of person signing above: \_\_\_\_\_

Filing Fee:	\$25.00
Certified Copy (Optional):	\$52.50
Certificate of Status (Optional):	\$ 8.75