

L03000053977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

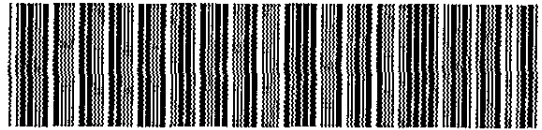
(Business Entity Name)

(Document Number)

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71. LLC  
L03-53977

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 10 PM 2:20

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAVID "TUBBY" ELLIOTT LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID "TUBBY" ELLIOTT  
(Name of Person)

DAVID "TUBBY" ELLIOTT LLC  
(Firm/Company)

504 58<sup>TH</sup> ST  
(Address)

HOLMES BEACH FL 34217-1530  
(City/State and Zip Code)

For further information concerning this matter, please call:

TUBBY ELLIOTT at (941) 778-5183  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAVID "TUBBY" ELLIOTT LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

504 58<sup>TH</sup> ST

SAME

HOLMES BEACH FL 34217

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

DAVID

ELLIOTT

Name

504 58<sup>TH</sup> ST

Florida street address (P.O. Box **NOT** acceptable)

HOLMES BEACH FLORIDA 34217

City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

David Elliott

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

**DAVID**

"TUBBY" ELLIOTT  
504 58TH ST  
HOLMES BEACH FL 34217

MGR M

LYNN ELLIOTT  
504 58TH ST  
HOLMES BEACH FL 34217

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID "TUBBY" ELLIOTT

Typed or printed name of signer

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**