

L040000007193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

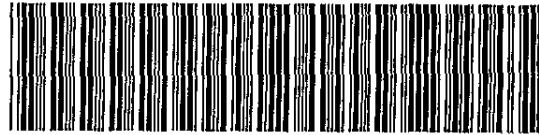
(Business Entity Name)

(Document Number)

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

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02/26/04--01073--004 \*\*35.00

02/26/04 - 1 PM 12:43  
CLERK OF STATE  
DIVISION OF CORPORATIONS

LN 04/01/04

6p



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 2, 2004

JOHN WHITE  
INDEPENDMENT DEVELOPMENT CO., LLC  
708 E. PARKWAY DR.  
STUART, FL 34996

SUBJECT: INDEPENDENT DEVELOPMENT CO., LLC  
Ref. Number: L04000007193

We have received your document for INDEPENDENT DEVELOPMENT CO., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation but your entity is an LLC. Enclosed is the proper form for your entity. Please also note that an LLC's name cannot end with the suffix "CO. LMTD."

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 004A00014084

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR - 1 PM 12:43

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Independent Development Co, L.L.C.  
(Name of Corporation)

**DOCUMENT NUMBER:** LC4000007193

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John White  
(Name of Person)

Independent Development Co, L.L.C.  
(Name of Firm/Company)

708 E Parkway Dr.  
(Address)

Stuart, FL 34996  
(City/State and Zip Code)

For further information concerning this matter, please call:

John White at (772) 283-0697  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Independent Development Co., LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Name was filed incorrectly it should  
be: Independent Development  
& Construction L.L.C.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

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

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Dated: 3-10-04

John White

Signature of a member or authorized representative of a member

John White

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Independant Development Co., LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

708 E. Parkway Stuart, Florida 34996

**Mailing Address:**

708 E. Parkway Dr. Stuart, FL 34996

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

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

John White

Name

708 E. Parkway Drive

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

Stuart, FLORIDA 34996

City, State, and Zip

*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..*

  
Registered Agent's Signature

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SECRETARY OF STATE

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04 JAN 20 PM 3:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:**

MGRM

John White

708 E. Parkway Dr.

Stuart, FL 34996

\_\_\_\_\_

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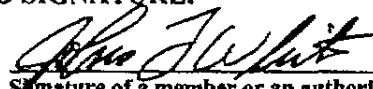
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\_\_\_\_\_

(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.)

John White

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)

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