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## TRANSMITTAL LETTER

	tion Section a of Corporations	
SUBJECT:	Laura Cannon D.V.M., L.L.C. (Name of Limited Liability Company)	
The enclosed Arti	icles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
-	Laura Cannon, DVM (Name of Person)	
	(Firm/Company)	
	661 E. Altamonte Drive Ste 231 (Address)	
	Altamonte Springs, FL 32701 (City/State and Zip Code)	
Laura	(Name of Person)  at (321) 436-5389  (Area Code & Daytime Telephone Number)  ATT CORD	FILED
et d	PEFT ADDRESS:  MAILING ADDRESS:	1: 12

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 6, 2004

LAURA CANNON, DVM 661 E ALTAMONTE DR, STE 231 ALTAMONTE SPRINGS, FL 32701

SUBJECT: LAURA CANNON, D.V.M., L.L.C.

Ref. Number: W04000025655

We have received your document for LAURA CANNON, D.V.M., L.L.C. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation, as required by Florida Statutes.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 504A00043308

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Laura Cannon, D.V.M.,	L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
661 E. Altamonte Drive	661 E. Altamonte Drive
Suite 231	Suite 231
Altamonte Springs, FL 32701	Altamonte Springs, FL 3270
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the register	ered agent are:
Laura Cannon Name	L, DVM SSI PELE
1500 Whitstable (Florida street address (P.O. Box	·
Lake Mary City State and Zity	FLORIDA 32746

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

Page 1 of 2 (CONTINUED)

<u> Citle:</u>		Name and Address:
$\overline{MGR}$ " = Ma	nager Managing Member	Name and Address:
_		_
MGRM	<del></del>	Laura Cannon, DVM
		1500 Whitstable Ct. Lake Mary FL 32746
		Lake Mary, PL 32176
	<del></del>	
	<del></del>	
Use attachme	ent if necessary)	
Jse attachme	ent if necessary)	
Jse attachme	ent if necessary)	
	-,	pe added if an effective date is requested.
OTE: An a	ndditional article must b	oe added if an effective date is requested.
IOTE: An a	-,	oe added if an effective date is requested.
IOTE: An a REQUIRED	ndditional article must b	2, DvM
IOTE: An a REQUIRED Š	additional article must b SIGNATURE: Signature of a member or an	authorized representative of a member.
IOTE: An a REQUIRED S	SIGNATURE:  Signature of a member or an  In accordance with section 60	authorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
NOTE: An a REQUIRED Š	SIGNATURE:  Signature of a member or an  In accordance with section 60 of this document constitutes an hat the facts stated herein are	authorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury

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)