

L04000088909

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

L04-88909  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L&W ENTERPRISES OF LITHIA, 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:

Julie Van Wallendael  
(Name of Person)

A-1 Dependable Bookkeeping & Tax Service, Inc.  
(Firm/Company)

221 Pauls Drive Suite D  
(Address)

Brandon, Florida 33511-3897  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Van Wallendael at ( 813 ) 681-1099  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

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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STATE OF FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

L & W ENTERPRISES OF LITHIA, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

3931 VALRICO GROVE DRIVE  
VALRICO, FLORIDA 33594

#### Mailing Address:

L & W ENTERPRISES OF LITHIA, LLC  
POST OFFICE BOX 830  
LITHIA, FLORIDA 33547

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

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

LAWRENCE LAPOINTE II

Name

3931 VALRICO GROVE DRIVE

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

VALRICO FL 33594

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, F.S.*

  
Registered Agent's Signature

(CONTINUED)

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

"MGRM" = Managing Member

LAWRENCE LAPOINTE II

3931 VALRICO GROVE DRIVE  
VALRICO, FLORIDA 33594

MGRM

MGRM

MARK ROBERT WOODSIDE

3208 EMPEDRADO STREET WEST  
TAMPA, FLORIDA 33629

**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.)

MARK ROBERT WOODSIDE

Typed or printed name of signee

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

ADVISOR FLORIDA