

L04000092969

2004 DEC 15 P 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



300043162273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

AL1

Office Use Only

12/15/04--01028--016 \*\*160.00

## TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

SUBJECT: ANDERSON PROPERTY MANAGEMENT LLC  
(Name of Limited Liability Company)

2004 DEC 15 P 1:50  
CLERK OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

TIMOTHY E. SULLIVAN  
(Name of Person)

ANDERSON PROPERTY MANAGEMENT LLC  
(Firm/Company)

5050 8TH PLACE  
(Address)

VERO BEACH FL 32966  
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY E. SULLIVAN at (772) 794-1877  
(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 checked="" 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

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NOV 15 P 1:50

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAANDERSON PROPERTY MANAGEMENT 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:5050 8TH PLACE  
VERO BEACH FL, 329665050 8TH PLACE  
VERO BEACH FL, 32966

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

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

Timothy E. Sullivan  
Name5050 8TH PLACE  
Florida street address (P.O. Box NOT acceptable)VERO BEACH FL 32966  
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)

**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

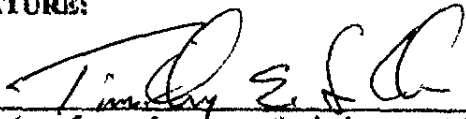
**Name and Address:**MGRTimothy E. Sullivan  
5050 8TH PI  
VERO BEACH FL, 32966

FILE

2004 DEC 15 F

SECRETARY OF  
TALLAHASSEE, F

(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.)

Timothy E. Sullivan  
Typed or printed name of signer**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)