

C05000021294

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : ROBERTS, SEWARD & COMPANY PA  
Account Number : I20040000178  
Phone : (813) 225-1040  
Fax Number : (813) 221-3135

## LIMITED LIABILITY COMPANY

## SUN CITY VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2005 MAR -2 AM 9:43  
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## FLORIDA DEPARTMENT OF STATE

Glenda B. Hood  
Secretary of State

March 1, 2005

ROBERTS, SEWARD &amp; COMPANY PA

*CITY*  
SUBJECT: SUN CITY VENTURES, LLC  
REF: W05000010295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline  
Document SpecialistFAX Aud. #: R05000049617  
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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUN CITY VENTURES, 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:**

505 E. JACKSON ST.

-SAME-

SUITE 202

TAMPA, FL 33602

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

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

RICHARD A. ROBERTS

Name

505 E. JACKSON ST., SUITE 202

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

TAMPA

FL 33602

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 605, F.S.*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(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:**

MGR.

RICHARD A. ROBERTS

505 E. JACKSON ST., SUITE 202

TAMPA, FL 33602

(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.)

RICHARD A. ROBERTS

\_\_\_\_\_  
Typed or printed name of signee

**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)