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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LITTMAN, SHERLOCK & HEIMS, INC.
Account Number : I19980000097
Phone : (772)287-0200
Fax Number : (772)872-5152

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
REARDON LAND HOLDINGS, LLC.**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$125.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG -8 A 14:34

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COVER LETTER

faxed 8/7/19

TO: Registration Section
Division of Corporations

SUBJECT: REARDON HOLDINGS, LLC.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

VIRGINIA P. SHERLOCK

Name of Person

LITTMAN, SHERLOCK & HEIMS, P.A.

Firm/Company

PO BOX 1197

Address

STUART, FL 34995

City/State and Zip Code

VSHERLOCK@LSHLAW.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIRGINIA P. SHERLOCK, ESQ.

772

287-0200

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
Certificate of Status☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED**2019 AUG -8 A M 54**REARDON LAND HOLDINGS, LLC.

~~(Name of the Limited Liability Company as it now appears on our records)~~
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 13, 2005 and assigned
Florida document number L05000058440.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, If changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-------------------------|-----------------------------------------|
| AMBR | REARDON, ROSS | 6629 SOUTHPORT DRIVE | <input checked="" type="checkbox"/> Add |
| | | BOYNTON BEACH, FL 33462 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1. What is the main purpose of the study?

2. What are the research objectives?

3. What is the research methodology?

4. What are the results of the study?

5. What are the conclusions of the study?

6. What are the limitations of the study?

7. What are the implications of the study?

8. What are the future research directions?

9. What are the contributions of the study?

10. What are the key findings of the study?

11. What are the strengths of the study?

12. What are the weaknesses of the study?

13. What are the strengths of the study?

14. What are the weaknesses of the study?

15. What are the strengths of the study?

16. What are the weaknesses of the study?

17. What are the strengths of the study?

18. What are the weaknesses of the study?

19. What are the strengths of the study?

20. What are the weaknesses of the study?

AUGUST 7, 2019

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 7 2019

Virginia R. Sherock
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VIRGINIA P. SHERLOCK, ESQ.

Typed or printed name of signer

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Filing Fee: \$25.00

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AMENDED - TO ADD OFFICER**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058440

Entity Name: REARDON LAND HOLDINGS, LLC

Current Principal Place of Business:

6829 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33472

Current Mailing Address:

6829 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33472 US

FEI Number: 20-8028856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REARDON, THOMAS C
6829 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33472 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*SIGNATURE: 

Electronic Signature of Registered Agent

7/9/19
Date**Authorized Person(s) Detail :**

| | |
|----------------|------------------------|
| Title | P |
| Name | REARDON, THOMAS C |
| Address | 6829 SOUTHPORT DRIVE |
| City-State-Zip | BOYNTON BEACH FL 33472 |

| | |
|----------------|-------------------------|
| Title | VP |
| Name | REARDON, ROSS |
| Address | 6829 SOUTHPORT DRIVE |
| City-State-Zip | BOYNTON BEACH, FL 33482 |

I hereby certify that the information submitted herein, in this report is true and accurate and that my electronic signature shall have the same legal effect as if made under seal; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes and that my name appears above, or in an accompanying exhibit, for the empowered.

SIGNATURE: 

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

7/5/2019
Date

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