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(Business Entity Name)

(Document Number)

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06/16/05--01005 -024 **96.25

04/27/05--01047--001 **93.75

05 JUN 16 PM 1:01
SECURITY OF STATE
PALM BEACH, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cypress Ridge Professional Associates, 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:

Linda Rosequist, Esq.
(Name of Person)

(Firm/Company)

1942 Highland Oaks Blvd
(Address)

Lutz FL 33559
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Linda Rosequist at (813) 948-3838
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 12, 2005

LINDA C ROSEQUIST
1942 HIGHLAND OAKS BLVD
LUTZ, FL 33559

SUBJECT: CYPRESS RIDGE PROFESSIONAL ASSOCIATES LLC
Ref. Number: W05000024072

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05 JUN 16 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CYPRESS RIDGE PROFESSIONAL ASSOCIATES LLC and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$96.25.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 905A00034239

June 13, 2005

Marsha Thomas
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

FILED
05 JUN 16 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms Thomas,

As per our phone conversation today I am enclosing the new forms completed and the check for \$96.25 for the filing fee and a Certificate of Status. Please feel free to call me if there is anything further you need of me.

Sincerely,


Linda Rosequist, CMM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cypress Ridge Professional Associates, 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:

1942 HIGHLAND OAKS BLVD
Lt 2 FL 33559

1942 Highland Oaks Blvd
Lt 2 FL 33559

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

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

Linda Rosequist, Cmm
Name

1942 HIGHLAND OAKS BLVD.
Florida street address (P.O. Box **NOT** acceptable)
Lt 2 FL 33559
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

L. Rosequist
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:

MGR

Linda Rosequist Cmm
1942 Highland Oaks Blvd
Lutz Fl 33559

MGRM

Robert B. Rosequist M.D.
1942 Highland Oaks Blvd
Lutz Fl 33559

MGRM

Stanley Watkins M.D.
1942 Highland Oaks Blvd
Lutz Fl 33559

MGRM

Stephen Levin, D.M.
18101 Highwoods Preserve
Tampa, Fl 33647

MGRM
(Use attachment if necessary)

Christine Watkins
1942 Highland Oaks Blvd Lutz Fl 33559

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Linda Rosequist
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.)

Linda Rosequist
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)

FILED
JUN 16 2006
1:01 PM
TAMPA
FLORIDA
SECRETARY OF STATE