

L05000067364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

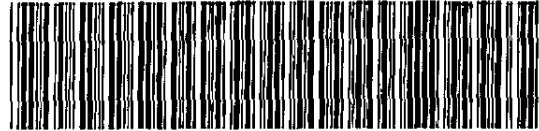
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Special Instructions to Filing Officer:

W05-30424

2848

Office Use Only



900055811619

06/13/05--01052--020 \*\*130.00

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05 JUL -5 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JM



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 22, 2005

VINCENT LAROCK  
5802 LIDDELL DR.  
NEW PORT RICHEY, FL 34652

SUBJECT: CONSTRUCTION & REMODELING BY VINCENT LAROCK  
Ref. Number: W05000030424

We have received your document for CONSTRUCTION & REMODELING BY VINCENT LAROCK and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 005A00042539

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05 JUL -5 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSTRUCTION & REMODELING BY VINCENT LAROCK  
(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:

VINCENT LAROCK

(Name of Person)

CONSTRUCTION & REMODELING BY VINCENT LAROCK

(Firm/Company)

5802 LIDDELL DR

(Address)

NEW PORT RICHEY, FL. 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT LAROCK

(Name of Person)

at ( 727 )

848-9136

(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 &<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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSTRUCTION & REMODELING BY VINCENT LAROCK, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

5802 LIDDELL DR  
NEW PORT RICHEY, FL. 34652

#### Mailing Address:

5802 LIDDELL DR  
NEW PORT RICHEY, FL. 34652

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

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

VINCENT LAROCK

Name

5802 LIDDELL DR

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

NEW PORT RICHEY FL 34652

City, State, and Zip

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05 JUL -5 PM 1:12  
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.*

  
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:**

MGRM

VINCENT LAROCK

5802 LIDDELL DR

NEW PORT RICHEY, FL. 34652

MGR

DEBORAH LAROCK

5802 NEW PORT RICHEY, FL 34652

(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.)

VINCENT LAROCK

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)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NEW PORT RICHEY, FL. 34652

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Name

5802 LIDDELL DR

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

NEW PORT RICHEY FL 34652

City, State, and Zip

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\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

VINCENT LAROCK

5802 LIDDELL DR

NEW PORT RICHEY, FL. 34652

MGR

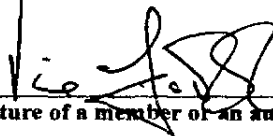
DEBORAH LAROCK

5802 NEW PORT RICHEY, FL 34652

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SECRETARY OF STATE  
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