

LOS 0000 75556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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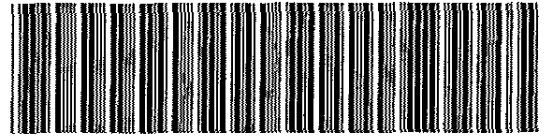
(Business Entity Name)

(Document Number)

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REGISTRATION

LOS-75556  
TK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E & R PROPERTY, 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:

ELAINE LENCE  
(Name of Person)

E & R PROPERTY, LLC  
(Firm/Company)

11720 FOREST HILLS DRIVE  
(Address)

TAMPA, FL 33612  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELAINE LENCE at ( 813 ) 930-8913  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$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

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DIVISION OF CORPORATIONS  
SEP 22 11:20 AM '01

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

E & R PROPERTY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11720 FOREST HILLS DRIVE  
TAMPA, FL 33612

**Mailing Address:**

11720 FOREST HILLS DRIVE  
TAMPA, FL 33612

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

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

CAROL A VANCE CPA JD PA

Name

411 55TH STREET

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

ST PETE BEACH

FL 33706

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)

Page 1 of 2

SECRETARY OF STATE  
ELAIN LENCE  
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FILED

