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M. HODGES

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# TRANSMITTAL LETTER

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		Name of Limited	Liability Compa	ny)	- <b></b>
The enclose	ed Articles of Organization	and fee(s) are su	bmitted for filing	P. P	
Please retu	rn all correspondence conc	erning this matter	to the following	on M <sup>err</sup> a La companya di Santa da Santa	
n	Edward McBr	ide, Esq.			Marie Carlos
:		QN	ame of Person)		77
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	Fort Myers,	FL 33901	,	and the second second	, ages
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For further	information concerning th	is matter, please o	ali:		·#
F.	dward McBride		at ( 239	418-1919	· · · · · · · · · · · · · · · · · · ·
<u>.</u>	(Name of Person)		CAL	& Daytime Telephor	ne Number)
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•	409 E. Gaines Stree	et ·		P.O. Box 6327	
	Tallahassee, Florida	a 32399	ا ده کو هر	Tallahassee, Florida	32314



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 5, 2005

EDWARD MCBRIDE, ESQ. 1226 WALES DRIVE FORT MYERS, FL 33901

SUBJECT: G E MCBRIDE PARTNERSHIP, LLC

Ref. Number: W05000037134

We have received your document for G E MCBRIDE PARTNERSHIP, LLC 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 the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 805A00050557

	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	4.
The name of the Limited Liability Comp	any is:
	#E+G, LLC
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Duincinal Office Addison.	N.F City.
Principal Office Address:	Mailing Address:
1226 Wales Drive	1226 Wales Drive
Fort Myers, FL 33901	Fort Myers, FL 33901
· · · · · · · · · · · · · · · · · · ·	
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
Tribe and a state of the state	0.1
The name and the Florida street address	of the registered agent are:
Edwa	rd McBride, Esq.
	Name
1226 Wales D	wive
	treet address (P.O. Box NOT acceptable)
, Piorida s	
<u>Fort Myers</u>	FL 33901
City	, State, and Zip
Having been named as registered agent	and to accept service of process for the above stated limited
	sted in this certificate, I hereby accept the appointment as
registered agent and agree to act in this c	capacity. I further agree to comply with the provisions of all
statutes relating to the proper and comp	plete 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
	X
	, ) = -
Registered	Agent's Signature
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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