

LD6000049791

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLIEB LIMITED 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:

EDWIN VELAZQUEZ

(Name of Person)

PRO TAX SERVICES, INC

(Firm/Company)

937 LONGDALE AVE

(Address)

LONGWOOD, FL 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWIN VELAZQUEZ

(Name of Person)

at (407) 835-9845

(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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2006

EDWIN VELAZQUEZ
PRO TAX SERVICES, INC.
937 LONGDALE AVENUE
LONGWOOD, FL 32750

SUBJECT: LLIEB LIMITED LLC PARTNERSHIP
Ref. Number: W06000017789

We have received your document for LLIEB LIMITED LLC PARTNERSHIP and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited LLC is not acceptable as the suffix. If you want to use limited in the name you can use Ltd. Co., Limited Co. or Ltd. Company.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 406A00025472

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LLIEB LIMITED Co.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

PO BOX 1823

SANFORD, FL 32772

Mailing Address:

PO BOX 1823

SANFORD, FL 32772

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LORRAINE HOLLOWAY

Name

2901 TRUMAN BLVD

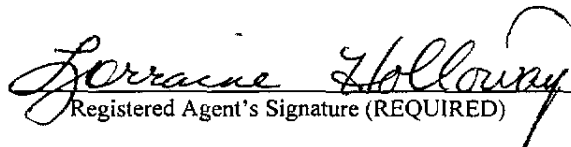
Florida street address (P.O. Box NOT acceptable)

SANFORD FL 32771

City, State, and Zip

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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 (REQUIRED)

(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:

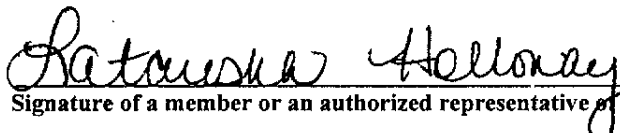
<u>MGR</u>	<u>LORRAINE HOLLOWAY</u> <u>2901 TRUMAN BLVD</u> <u>SANFORD, FL 32771</u>
<u>MGR</u>	<u>LATAUSHA HOLLOWAY</u> <u>PO BOX 1823</u> <u>SANFORD, FL 32772</u>
<u>MGR</u>	<u>BRUCE W. HOLLOWAY</u> <u>PO BOX 1823</u> <u>SANFORD, FL 32772</u>
<u>MGR</u>	<u>IESHA GLENN</u> <u>PO BOX 1823</u> <u>SANFORD, FL 32772</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

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

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.)

LATAUSHA HOLLOWAY

Typed or printed name of signee

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06 MAY 15 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)