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(Address)
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W08-12783

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# **COVER LETTER**

	Division of Corporations	
	SUBJECT: SNAFU ENTERPRISES, L.L.C.	
•	(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:	
	PATSY SLATTERY	
	(Name of Person)	<del></del>
	SNAFU ENTERPRISES, L.L.C.	
	(Firm/Company)	
	165 ROOSEVELT STREET	286
	(Address)	强烈
	TITUSVILLE FL 32780	THE THE PERSON NAMED IN COLUMN TO PERSON NAM
	(City/State and Zip Code)	THOUSE HIS
	For further information concerning this matter, please call:	08 MAR 17 AM 10: 32
	PATSY SLATTERY 321 890-5398	•
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
√	\$125.00 Filing Fee \$\begin{array}{c} \$\sumsymbol{1}\$	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

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March 11, 2008

PATSY SLATTERY 165 ROOSEVELT STREET TITUSVILLE, FL 32780

SUBJECT: SNAFU ENTERPRISES, L.L.C.

Ref. Number: W08000012783

We have received your document for SNAFU ENTERPRISES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 Regulatory Specialist II

Letter Number: 408A00014859

ARTICLE I - Name: The name of the Limited Liability Company	y is:
SNAFU ENTERPRISES, L.L.C. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	me principal office of the Limited Liability Company is Mailing Address:
Principal Office Address:	
	TITUSVILLE FL 32780
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
PATSY SLATTER	RY
	ame
165 ROOSEVEL <sup>-</sup>	T STREET
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
TITUSVILLE	FL 32780
City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap	d to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the 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 (KEQUIRED)

(CONTINUED) Page 1 of 2

# **ARTICLE IV- Manager(s) or Managing Member(s):**

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

	165 ROOSEVELT STREET TITUSVILLE FL 32780  LONNIE JOSEPH BYRGE 200 E EMERALD	_
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ア		se attachment if necessary)
AL)	he date of filing (OPTIONA	V: Effective date, if other t
,	he date of filing (OPTIONA be specific and cannot be more than five business day	V: Effective date, if other tive date is listed, the date
OR MAR I THE STATE		

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.)

Patsy Slattery

Typed or printed name of signee

## Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)