L08000030673

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
GIVISION OF CORPORATIONS

W 08 - 13969 WAR 17 2008

J. BRYAN

MAR 2 6 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ccr. Citra Highlands Water S	System LLC			
3000		ited Liability Comp	any)		
The er	closed Articles of Organization and fee(s) are	e submitted for filin	g.		
Please	return all correspondence concerning this ma	tter to the following	g:		
	Marshall Hash				
		(Name of Person)			
		(Firm/Company)			
	PO Box 1206	(--,			
	1 0 000 1200	(Address)			98 SIA10
	Inglis, FL 34449-1206				D8 MAR 25 PM
	(C	ity/State and Zip Cod	e)	u z	
For fu	ther information concerning this matter, pleas	se call:			DE MAR 25 PM 4: 19
Mar	shall Hash	_ _{at (} _352	613-010		4: 19
	(Name of Person)	(Area Coo	le & Daytime Tele	ephone Number)	
Enclo	sed is a check for the following amount:				
\$ 125	00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourler Address ion Section of Corporations Building ecutive Center C see, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2008

MARSHALL HASH PO BOX 1206 INGLIS, FL 34449-1206

SUBJECT: CITRA HIGHLANDS WATER SYSTEM LLC

Ref. Number: W08000013969



We have received your document for CITRA HIGHLANDS WATER SYSTEM LLC and your check(s) totaling \$160.00. 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 908A00016027

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

	mpany as it appears on the records of the Florida
2. This entity was formed under the la	ws of:
3. This entity was authorized to transact and its Florida document/registration n	ct business in Florida onumber is
4. The name and address of each mana	ger or managing member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	,
·	· .
· · ·	
Required Signature:	ire of Manager, Managing Member or Member)

Filing Fee: \$25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Citra Highlands Water System LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Citra Highlands Water System LLC 14185 W River Rd. Inglis, FL 34449 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 street address of the registered agent are: Marshall Hash Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, City, State, and Zip	ARTICLE I - Name:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Citra Highlands Water System LLC 14185 W River Rd. PO Box 1206 Inglis, FL 34449 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 obusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Marshall Hash Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	The name of the Limited Liability Company is:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Citra Highlands Water System LLC 14185 W River Rd. Inglis, FL 34449 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: Marshall Hash Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	Citra Highlands Water System LLC	·
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The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:	ARTICLE II - Address:	
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14185 W River Rd. Inglis, FL 34449 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: Marshall Hash Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	Principal Office Address:	Mailing Address:
Inglis, FL 34449 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: Marshall Hash Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	Citra Highlands Water System LLC	Citra Highlands Water System LLC
Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	14185 W River Rd.	PO Box 1206
Name 14185 W River Rd. Florida street address (P.O. Box NOT acceptable) Inglis, FL 34449	Inglis, FL 34449	Inglis, FL 34449-1206
Inglis, _{FL} 34449		Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another 8 BAR 25 FERRY OF THE PROPERTY OF THE PROPER
Inglis, _{FL} 34449	Name	POR
Inglis, _{FL} 34449	14185 W River Rd.	
	Florida street add	ress (P.O. Box NOT acceptable)
City, State, and Zip	Inglis,	_{FL} 34449
	City, State, a	nd 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 (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing	Name and Address:
MGR	Marshall Hash
	PO Box 1206
	Inglis, FL 34449-1206
	inglid; 1 t 07770-1200;
MGR	Liza Hash
	PO Box 1206
	PO Box 1206 Inglis FL 34449-1206
	*
	,
(
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LE V: Effective date, if fective date is listed, the	f other than the date of filing: (OPTION the date must be specific and cannot be more than five business d
LE V: Effective date, in fective date, in fective date is listed, the days after the date of the date	f other than the date of filing: (OPTION to date must be specific and cannot be more than five business d filing.) TURE:
fective date is listed, the days after the date of REQUIRED SIGNAT	Tother than the date of filing: (OPTION to date must be specific and cannot be more than five business diffiling.) TURE:ture of a member or an authorized representative of a member.
LE V: Effective date, in fective date is listed, the days after the date of the REQUIRED SIGNATION Signature (In according to this content of this signature)	f other than the date of filing: (OPTION to date must be specific and cannot be more than five business d filing.) TURE:
LE V: Effective date, if fective date is listed, the days after the date of REQUIRED SIGNATION Signa (In ac of this that	TURE: Ture of a member or an authorized representative of a member. Coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
LE V: Effective date, in fective date is listed, the days after the date of REQUIRED SIGNATION Signa (In account of this that	TOTAL COPTION (OPTION to date must be specific and cannot be more than five business defiling.) TURE: ture of a member or an authorized representative of a member. Coordance with section 608.408(3), Florida Statutes, the execution and document constitutes an affirmation under the penalties of perjury
LE V: Effective date, if fective date is listed, the days after the date of REQUIRED SIGNATION Signa (In ac of this that	TURE: Cordance with section 608.408(3), Florida Statutes, the execution solutions an affirmation under the penalties of perjury the facts stated herein are true.) Total Hash (OPTION 1

Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)