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(((H09000211305 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.

Account Number: 075350000267 **)**: (941)485-1571 Fax Number : (941)484-7226

# FLORIDA/FOREIGN LYMITED LIABILITY CO.

### Granada in Venice, LLC

Electronic Filing Menu

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$155.00

Corporate Filing Menu

Help

T. HAMPTON

OCT - 2 2009

**EXAMINER** 

Venice, 941-485-1571 FL Bar #393053

ARTICLE 1 - Name:	
The name of the Limited Liability	Company is:
	ada in Venice, LLC
(Must end with the words	s "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
640 Granada Aye	503 Tamiami Trail S., #148
Venice, FL 34285	Venice, Fl. 34285.
husiness entity with an active Florida registra The name and the Florida street add	dress of the registered agent are: Thomas C. McKeon
husiness entity with an active Florida registra The name and the Florida street add	ation.) dress of the registered agent are: Thomas C. McKeon
husiness entity with an active Florida registra The name and the Florida street add	dress of the registered agent are:  Thomas C. McKeon  Name
husiness entity with an active Florida registra  The name and the Florida street add	tion.) dress of the registered agent are: Thomas C. McKeon Name 628 Granada Ave.
The name and the Florida street add	trion.)  dress of the registered agent are:  Thomas C. McKeon  Name  628 Granada Ave.  et address (P.O. Box NOT acceptable)
The name and the Florida street add	tion.) dress of the registered agent are: Thomas C. McKeon Name 628 Granada Ave.
Florida street and The name and the Florida street and Florida street and Venice, Florida street and Venice, Florida street and Venice, Florida street and Italian been named as registered a liability company at the place de registered agent and agree to act in statutes relating to the proper and	Atton.)  dress of the registered agent are:  Thomas C. McKeon  Name  628 Granada Ave.  et address (P.O. Box NOT acceptable)  FL 34285  FL  City, State, and Zip  agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as
Florida street and Florida registra  The name and the Florida street add  Florida street  Venice, F  Having been named as registered a liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	dress of the registered agent are:  Thomas C. McKeon Name  628 Granada Ave. et address (P.O. Box NOT acceptable)  -L 34285
Florida street and Florida registra  The name and the Florida street add  Florida street  Venice, F  Having been named as registered a liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	dress of the registered agent are:  Thomas C. McKeon Name  628 Granada Ave. et address (P.O. Box NOT acceptable)  -L 34285
Florida street and Florida registra  The name and the Florida street add  Florida street  Venice, F  Having been named as registered a liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my posterior.  Registered	dress of the registered agent are:  Thomas C. McKeon Name  628 Granada Ave. et address (P.O. Box NOT acceptable)  -L 34285

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NO. 6378 P. 3

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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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er .
MGR	James A. Garlock
	640 Granada Ave.
	Venice, Ft. 34285
MGR .	Thomas C. McKeon
	628 Granada Λve. Venice, FL 34285
	Yellice FL 34200
MGR	C. David Griffin
	4949 Tyne Ridge Court,
	Nashville, Tennessee 37220
<del></del>	
(Use attachment if necessary)	
(Ose attachment it necessary)	
ARTICLE V: Effective date, if other t	than the date of filing: (OPTIONAL)
(If an effective date is listed, the date to or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
to or 90 days after the date of iming.	
<u>REQUIRED</u> SIGNATURE:	
	Jana G. Larlock
Signature of a	member or an authorized representative of a member.
(In accordance	e with section 608.408(3), Florida Statutes, the execution
of this docum that the facts :	nent constitutes an affirmation under the penalties of perjury stated herein are true.)
	James A. Garlock
	Typed or printed name of signee
Filing Fees:	
	of Organization and Designation
of Registered Agent \$ 30.00 Certifled Copy (Optio	
\$ 5.00 Certificate of Status (	

This instrument prepared by:

Erik R. Lieberman, Esq.

P. O. Box 1767

Venice, FL 34284-1767

941-485-1571

FL Bar #393053

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