## LI 000000 1653

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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01/04/10--01047--011 \*\*125.00



M. THOMAS

JAN - 6 2010

**EXAMINER** 

## COVER LETTER.

Division of C	orporations	MESTIC	
SUBJECT: PALIVI	ETTO BEACH HON (Name of Limi	ited Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concurning this ma	atter to the following:	
Bihari Kalr	a		
<u> </u>		(Name of Person)	_
PALMET"	O BEACH HOMES	SLLC	
<del></del>		(Ficm/Company)	_
85 Huron	Avenue		
		(Address)	_
Tampa, F	lorida - 33606	. 🖼	
	(Ci	City/State and Zip Code)	-77
For further information	concerning this matter, pleas	ise call:	TILTU
Bihari Kalra		at ( 813 ) 416-9921	PH 72
(Nam	e of Person)	(Area Code & Daytime Telephone Number)	:08
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Boy 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Bihari Kalra 85 Huron Avenue Tampa, FL 33606

Certified Mail: 7008 1300 0001 1127 1912

To:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Release of Entity Name

RE: PALMETTO BEACH HOMES LLC, L05000065760

Dear Officer:

This is to state that I, Bihari Kalra, undersigned state that I am not going to reinstate

'PALMETTO BEACH HOMES LLC' and

I am releasing its name - 'PALMETTO BEACH HOMES LLC'

YOURS SINCEPPLY

Book and Binner, KOLRA)

STATE OF Florida, COUNTY OF Hillsborough

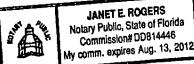
I hereby Certify that on this day, before me, an officer-duly authorized to administer oaths and take acknowledgments, personally appeared known to me to be the person Bihari Kalra described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and an oath was taken. (Check one:)

Said person(s) is/are personally known to me. [ ] Said person(s) provided the following type of identification:

Drivers License No.\_\_\_\_\_

Witness my hand and official seal in the County and State last aforesaid this \_29 day of December A. D. 2009

Janet E Rogers



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  PALMETTO BEACH HOMES LLC				
	ed Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:	the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
85 Huron Avenue Tampa, Florida - 33606	85 Huron Avenue Tampa, Fiorida - 33606			
	f the registered agent are:  Name  N			
	Name SSRY P			
85 Huron Ave _	HR. P.			
Florida str	reet address (P.O. Box NOT acceptable)			
Tampa, Florida -	- 3360 <u>6</u>			
City,	State, and Zip			
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bihari Kalra 85 Huron Avenue Tampa, Florida - 33606
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	PHID: 08 PHID: 08
Signature of a mem	ber or an authorized representative of a member.
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury 1 herein are true.)
Bihari Kalra	
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Cytional)

\$ 5.00 Certificate of Status (Optional)