

L10000026102

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(Business Entity Name)

(Document Number)

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02/26/10--01029--020 \*\*310.00

Effective Date

02/22/2010

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 26 AM 10 19

T. HAMPTON

MAR - 9 2010

EXAMINER

010-10139

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SILVER SANDS, 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:

**STEWART W. SAVAGE**

Name of Person

**STEWART W. SAVAGE ATTORNEY**

Firm/Company

**6719 WINKLER RD. SUITE 121**

Address

**FORT MYERS, FLORIDA 33919**

City/State and Zip Code

**stewartsavage1@embarqmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Stewart W. Savage**

Name of Person

at ( **239** )

**481-8388**

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

RECEIVED

10 MAR -8 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 1, 2010

STEWART W SAVAGE, ATTORNEY  
6719 WINKLER RD  
STE 121  
FT MYERS, FL 33919

SUBJECT: SILVER SANDS, LLC  
Ref. Number: W10000010139

We have received your document for SILVER SANDS, LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L01000019802 (SILVER SANDS, LLC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 210A00004927

Effective Date

02/22/2010

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ESTERO SILVER SANDS, 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:

1207 ESTERO BLVD.

ESTERO, FLORIDA 33931

#### Mailing Address:

1207 ESTERO BLVD.

ESTERO, FLORIDA 33931

### 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:

STEWART W. SAVAGE

Name

6719 WINKLER RD. SUITE 121

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

FORT MYERS, FLORIDA 33919 FL

City, State, and 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

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DIVISION OF CORPORATIONS  
10 FEB 26 AM 11:19

**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:**

MGRM

ANDREA GROVES

1207 ESTERO BLVD.

ESTERO FLORIDA 33931

MGRM

THOMAS GROVES

1207 ESTERO BLVD.

ESTERO, FL 33931

\_\_\_\_\_

\_\_\_\_\_

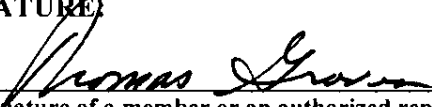
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FEBRUARY 22, 2010. (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.)

THOMAS GROVES

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 (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
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DIVISION OF CORPORATIONS  
10 FEB 26 AM 11:19