Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000205813 S)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number t (850) 617-6383

L. SELLERS

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A. SEP 2 0 2010

Fax Number

: (941)485-1571 : (941)484-7226 EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, **

WHETT SWATCHE.	Email	Address	B:		
----------------	-------	---------	----	--	--

FLORIDA LIMITED LIABILITY CO.

B&K Associates of Venice, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
R&K Associator of Vanica 11.C	
B&K Associates of Venice, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "J.I.C.")
· water F H	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
The maxing address and street address of the	the principal office of the Enfined Elabinity Company is.
Principal Office Address:	Mailing Address:
3662 Cadbury Circle	3662 Cadbury Circle
Venice, FL 34293	Venics, FL 34293
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature:
	Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
R. Bruce Renda	
	lame
3662 Cadbury Circle	
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Venice	FL 34293
Cl	ty, State, and Zip
liability company at the place designated	d to accept service of process for the above stated limited 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.

(CONTINUED)

Page 1 of 2

THIS INSTRUMENT PREPARED BY Erik R. Lieberman Attorney At Law P.O. Box 1767 1 Venice, Florida 34284-1767 (941) 485-1571 Fla. Bar #393053

H10000205813 3

Title:		Name and Address:
"MGR" = Ma	mager	
	Managing Member	
MGR		R. Bruce Renda
		3662 Cadbury Circle
		Venice, FL 34293
	<u></u> _	
_ .		
	 _	
(Use attachm	ent if necessary)	
	•	date of filing: (OPTIONA
LE V: Effect	ive date, if other than the	
LE V: Effect fective date i	ive date, if other than the	
LE V: Effect fective date i	ive date, if other than the s listed, the date must b	date of filing: (OPTIONA e specific and cannot be more than five business day
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must b e date of filing.)	
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five business day
LE V: Effect fective date is days after th	ive date, if other than the s listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five business day
LE V: Effect fective date is days after th	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:	
LE V: Effect fective date is days after th	s listed, the date must be date of filing.) SIGNATURE: Signature of a member	e specific and cannot be more than five business day
LE V: Effect fective date is days after th	s listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	e specific and cannot be more than five business day La La La er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution itutes an allumation under the penalties of perjury
LE V: Effect fective date is days after th	s listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const	e specific and cannot be more than five business day La L

Page 2 of 2

of Registered Agent

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

THIS INSTRUMENT PREPARED BY Erik R. Lieberman Altorney Al Law P.O. Box 1767 1 Venice, Florida 34284-1767 (941) 485-1571 Fla. Bar #393053