

L11 000058631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

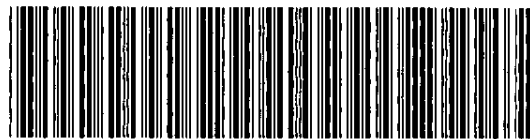
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
11 MAY 18 PM 1:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 MAY 18 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Richard C. Eckstrom*  
320 Robin Hood Circle # 201  
Naples, Florida 34104  
(239) 269-0190

May 9, 2011

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this letter as a request to voluntarily release my former limited liability company name, "Renovators of Naples LLC", document number L09000002376.

Thank you for your assistance in this matter. If you have and questions I can be reached at the number above.

Sincerely,

*Richard C Eckstrom*

Richard C. Eckstrom

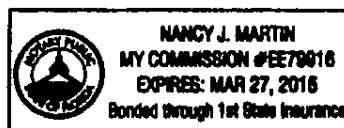
STATE OF FLORIDA  
COUNTY OF Collier

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of May, 2011, by  
Richard C. Eckstrom.

Personally Known X OR Produced Identification \_\_\_\_\_  
Type of Identification Produced

*Nancy J. Martin*  
\_\_\_\_\_  
Signature of Notary

Notary Seal



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Renovators of Naples 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:

320 Robin Hood Circle #201  
Naples, FL 34104

Mailing Address:

320 Robin Hood Circle #201  
Naples, FL 34104

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:

Richard C. Eckstrom

Name

320 Robin Hood Circle #201

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

Naples

FL 34104

City, State, and Zip

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*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..*

Richard C. Eckstrom

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Eckstrom, Richard C

320 Robin Hood Circle #201

Naples, FL 34104

MGRM

Keyes, Michael

1325 7th Street South 3C

Naples, FL 34102

MGRM

Marks, James A

12643 Biscayne Street

Naples, FL 34105

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

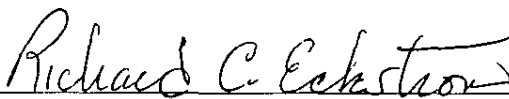
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Richard C. Eckstrom**

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)**

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TALLAHASSEE, FLORIDA