

L110000087218

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2011 JUL 28 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2011

LLOYD FORRESTER  
6099 OVERSEAS HWY 9E  
MARATHON, FL 33050

SUBJECT: CLEAR CUT GEMS "LLC"  
Ref. Number: L07000090442

We have received your document for CLEAR CUT GEMS "LLC" and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on April 27, 2009. Therefore, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 911A00014779

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLEAR CUT GEMS 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:

LLOYD A. FORRESTER  
Name of Person

CLEAR CUT GEMS  
Firm/Company

6099 OVERSEAS HIGHWAY, LOT 9E  
Address

MARATHON, FL 33050  
City/State and Zip Code

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

For further information concerning this matter, please call:

LLOYD FORRESTER at (301) 980 7060  
Name of Person 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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CLEAR CUT GEMS 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:

Mailing Address:

6099 OVERSEAS HWY  
LOT 9E  
MARATHON, FL 33050

AS ABOVE

**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:

LOYD FORRESTER

Name

6099 OVERSEAS HIGHWAY, LOT 9E

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

MARATHON FL 33050

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)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

LOYD A. FORRESTER  
6099 OVERSEAS HWY  
LOT 9E, MARATHON, FL 33050

(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.)

LOYD A. FORRESTER  
\_\_\_\_\_  
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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