

3/11/2014

Division of Corporations

L14000039191

Florida Department of State
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.

(((H14000058991 3)))



H140000589913ABC4

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 : (850) 617-6393

From:

Account Name : VAN WINKLE & SAMS, P.A.
Account Number : I20030000032
Phone : (941) 923-1685
Fax Number : (941) 923-0174

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 11 AM 8:19

FILED

RECEIVED

14 MAR 11 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Your 1 attorney@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RCR BEACONPOLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

(((H14000058991 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RCR BEACONPOLE LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURIE B. SAMS, ESQUIRE

Name of Person

VAN WINKLE & SAMS, P.A.

Firm/Company

3859 BEE RIDGE ROAD, #202

Address

SARASOTA, FL 34233

City/State and Zip Code

your1attorney@gmail.com

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

For further information concerning this matter, please call:

Laurie Sams, Esquire

Name of Person

at **941**

Area Code

923-1685

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (12/13)

CC(H14000058991 3) []

2014 MAR 11 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000058991 3)))

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:
RCR BEACONPOLE LLC

SECOND: Document to be corrected is:
ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

**Article IV - The name of the MGR should be
ANTHONY J WINIARSKI, NOT MINIARSKI**

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000039191
FILED 8:00 AM
March 10, 2014
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

RCR BEACONPOLE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

905 ADDINGTON CT.
UNIT 204
VENICE, FL. US 342932328

The mailing address of the Limited Liability Company is:

905 ADDINGTON CT.
UNIT 204
VENICE, FL. US 342932328

Article III

The name and Florida street address of the registered agent is:

LAURIE B SAMS
3859 BEE RIDGE ROAD
SUITE 202
SARASOTA, FL. 34233

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.

Registered Agent Signature: LAURIE B. SAMS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ANTHONY J MINIARSKI
905 ADDINGTON CT.
VENICE, FL. 34293 US

L14000039191
FILED 8:00 AM
March 10, 2014
Sec. Of State
nculligan

Signature of member or an authorized representative

Electronic Signature: LAURIE SAMS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.