

L14000113639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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FILED
2014 JUN 30 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 18 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2014

ROYCE SCOFIELD
3631 N. HWY 231
PANAMA CITY, FL 32404

SUBJECT: LB SIGNS, LLC
Ref. Number: W14000041249

2014 JUN 30 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LB SIGNS, LLC and your check(s) totaling \$125.00. 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.

The document number of the name conflict is P00000008143.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00014404

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LB SIGNS, 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:

ROYCE SCOFIELD

Name of Person

ROYCE SCOFIELD, LLC

Firm/Company

3631 N. HWY 231

Address

PANAMA CITY, FL 32404

City/State and Zip Code

scoroy@aol.com

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

For further information concerning this matter, please call:

Royce Scofield

Name of Person

at (850) 481-0358

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

2014 JUN 30 PM 2:05
TALLAHASSEE FLORIDA

LB Signs Inc.
% Florida Dept of Corporations

I John L. Bell am a register agent^{Director} of
LB Signs Inc and do affirm that we
have no intention of reinstating L.B. Signs Inc.
at any time. I am releasing LB Signs Inc. to be
used.

Thank

John L. Bell

Register agent / Director

John L. Bell

2014 JUN 30 PM 2:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 30 PM 2:05
HARRISBURG, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOHN L. BELL, II
3322 WOODYMARION
CHIPLEY, FL. 32428

AMBR

JOHN L. BELL
P.O. BOX 285
LYNN HAVEN, FL. 32444

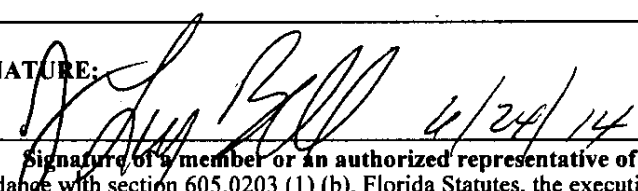
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 24, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

JOHN L. BELL, II

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)

2014 JUN 30 PM 2:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA