

L17000067970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

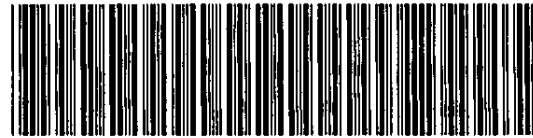
(Business Entity Name)

(Document Number)

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

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RECEIVED STATE  
FALL ARIZONA FLORIDA

17 MAR 27 PM 3:04

03/27/17

# John A. Dwyer

*Attorney at Law*

506 North Alexander Street  
Post Office Box 848  
Plant City, Florida 33564-0848

Masters of Laws in Taxation

Phone: 813-754-1198  
Fax: 813-754-7759

March 3, 2017

Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: The Articles of Organization of RONEY HWY 92 PROPERTY, L.L.C.

Gentlemen:

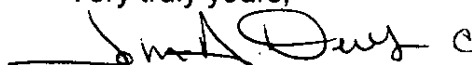
Enclosed herewith are originals and one copy of Articles of Organization for RONEY HWY 92 PROPERTY, L.L.C., and Certificate of Designation of Registered Agent/Registered Office. Please file these documents in your records and send me one certified copy of the Articles of Organization.

I am enclosing my check in the amount of \$155.00. The total payment to you covers the following expenses:

\$100.00	Filing fee
\$ 25.00	Certificate of Designation of Registered Agent
<u>\$ 30.00</u>	One certified copy of Articles
\$155.00	Total

Thank you for your prompt attention in filing these documents and returning a certified copy of same to me.

Very truly yours,



John A. Dwyer

JAD:lm  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2017

JOHN A. DWYER, ATTORNEY AT LAW  
POST OFFICE BOX 848  
PLANT CITY, FL 33564-0848

SUBJECT: RONEY HWY 92 PROPERTY, L.L.C.  
Ref. Number: W17000021647

RECEIVED  
17 MAR 27 PM 1:31  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

We have received your document for RONEY HWY 92 PROPERTY, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 217A00004876

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: RONEY HWY 92 PROPERTY, L.L.C.

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:

JOHN A. DWYER, ESQUIRE

Name of Person

Firm/Company

506 N. ALEXANDER STREET

Address

PLANT CITY, FLORIDA 33563

City/State and Zip Code

roncyauto@yahoo.com

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

For further information concerning this matter, please call:

John A. Dwyer

813

754-1198

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RONEY HWY 92 PROPERTY, L.L.C.

(Must contain 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:

3104 SR 574

Plant City, Florida 33563

3104 SR 574

Plant City, Florida 33563

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:

William A. Roney

Name

3104 SR 574

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

Plant City

Florida

33563

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
FALL ARRESTEE - FLORIDA

17 MAR 27 PM 3:04

**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:**

William A. Roney

3104 State Road 574

Plant City, Florida 33563

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

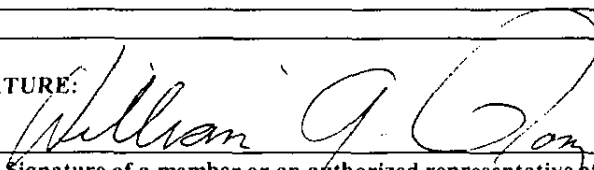
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

William A. Roney

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)

17 MAR 27 PM 3:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA