

L17000071184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

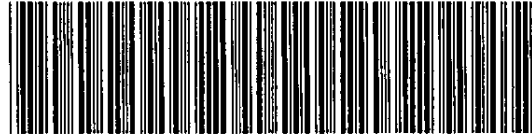
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/30/17--01012--008 **125.00

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17 MAR 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/31/17

Date: 03/27/2017

To the Division of Corporations:

Reference: Coastal Grove Development, LLC Document # L14000002190

Dear Department,

It has come to my attention that my company's annual report has not been filed and my company has been dissolved. As the owner of Coastal Grove Development , L.L.C I would like to at this time release my document number L14000002190

I am enclosing a new set of articles to be filed with the state. Thank you in advance with your help in this matter.

Regards:

A handwritten signature in black ink, appearing to read 'EFRAT ARAD', with a long, sweeping horizontal stroke extending to the right.

EFRAT ARAD

EA Florida Investments, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Coastal Grove Development, 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:

Name of Person
Rita Jackman
Firm/Company
4575 Via Royale STE 200
Address
Fort Myers, FL 33919
City/State and Zip Code
Legal@your-advocates.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Jackman 239 689-1096
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:

Coastal Grove Development, LLC

(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:

845 S. First Street

Same

Rokonkoma, NY 11779

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:

Rita Jackman

Name

4575 Via Royale, STE 200

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

Fort Myers

FL


33919

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)

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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:

EA Florida Investments LLC

2775 Sunny Isles Blvd STE 118

North Miami Beach, FL 33160

(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.

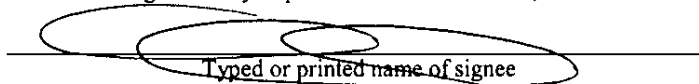
ARTICLE VI: Other provisions, if any.

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.



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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