

L11000223808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

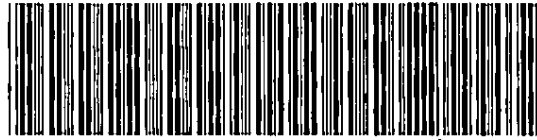
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/17--01018--010 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17-OCT-27 AM 10:15

October 9, 2017

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference CB Stein LLC Florida Document Number L16000065773 Administrative Dissolution

Dear Department:

I received correspondence that my limited liability company was administratively dissolved for non payment of my annual report fees.

At this time I would like to release my Florida Document Number L16000065773 for my Limited Liability Company CB Stein LLC.

I am also enclosing at this time articles that I would ask your assistance with in filing for me.

Thanking you for your assistance with these matters.



Christopher McKinney

Managing Member

COVER LETTER

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

SUBJECT: CB Stein 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:

Christopher Iris McKinney

Name of Person

Firm/Company

670 Astarias Circle

Address

Fort Myers, FL 33919

City/State and Zip Code

ciris342@gmail.com

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

For further information concerning this matter, please call:

christopher iris mckinney 919 306-5234
Name of Person at () 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:

CB STEIN 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:

670 ASTARIAS CIRCLE

SAME

FORT MYERS, FL 33919

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:

CHRISTOPHER IRIS MCKINNEY

Name

670 ASTARIAS CIRCLE

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

FORT MYERS

FL

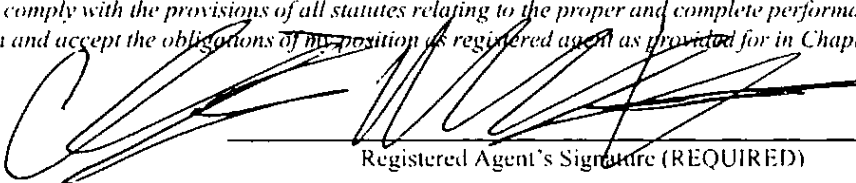
33919

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 OCT 27 AM 10:19

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MCK AMBR

Name and Address:

CHRISTOPHER IRIS MCKINNEY

670 ASTARIAS CIRCLE

FORT MYERS, FL 33919

(Use attachment if necessary)

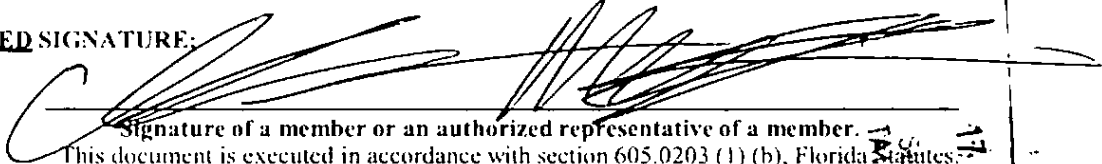
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

CHRISTOPHER IRIS MCKINNEY

Typed or printed name of signer

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 OCT 27 AM 10:18
STATE OF FLORIDA
TALLAHASSEE