## L18000101709

(Reque	stor's Name)	
(Addres	ss)	
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(City/Si	ate/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	)
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Certified Copies	Certificates o	f Status
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18 APR 23 PM 3: 2:

Date: 04/17/2018

To the Division of Corporations:

Reference: Coastal Grove Development, LLC Document # L16000001075

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 RUM FRONT SPORT FISHING  $\,$ , L.L.C I would like to at this time release my document number L16000001075

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:

JOSHUA KRIEG

RUM FRONT SPORT FISHING, LLC

18 APR 23 PH 3: 23

## COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	RUM FRONT SPORT F	SHING, LLC
SOBJEC		ame of Limited Liability Company
The enck	osed Articles of Organization ar	nd fee(s) are submitted for filing.
Please re	turn all correspondence concerr	ing this matter to the following:
	RITA JACKMAN	
		Name of Person
		Firm/Company
	4575 VIA ROYALE STE 2	00
		Address
	FORT MYERS, FL 33919	
	LEGAL@YOUR-ADVOCA	City/State and Zip Code TES.ORG
	E-mail address:	(to be used for future annual report notification)
For further	information concerning this ma	itter, please call:
	RITA JACKMAN	239 689-1096 at ( )
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following am	ount:
\$125.00	Filing Fee \$130.00 Filin Certificate of	
	Mailing Address New Filing Section	Street Address New Filing Section
	new riling Section	New riling Section

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mt	st contain the words "Limited Lia	bility Company, "L.L	C.," or "LLC.")	
RTICLE II - Address: The mailing address and	street address of the principal offic	ce of the Limited Liab	vility Company is:	
<u>F</u>	rincipal Office Address:		Mailing Address:	
74450 01/5005	ES HIGHWAY	74450 OVE	ERSEES HIGHWAY	
74450 OVERSE				
RTICLE III - Register The Limited Liability Co-	red Agent, Registered Office, & impany cannot serve as its own Reith an active Florida registration.)	Registered Agent's Segistered Agent. You r		
RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, & ompany cannot serve as its own Re	Registered Agent's Segistered Agent. You r	Signature:	<u> </u>
RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, & empany cannot serve as its own Register and active Florida registration.)  street address of the registered agents.	Registered Agent's Segistered Agent. You r	Signature: must designate an individual or	
RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, & empany cannot serve as its own Register and active Florida registration.)  street address of the registered agents.	Registered Agent's S gistered Agent. You r gent are:	Signature:	
RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, & empany cannot serve as its own Registration.) street address of the registered agent Alackman	Registered Agent's S gistered Agent. You r gent are:	Signature: must designate an individual or	
RTICLE III - Register The Limited Liability Conother business entity w	red Agent, Registered Office, & Impany cannot serve as its own Reith an active Florida registration.)  street address of the registered agent Ag	Registered Agent's S gistered Agent. You r gent are:	Signature: must designate an individual or	

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	JOSHUA KREIG
	74450 OVERSEES HIGHWAY
	ISLAMORADA, FL 33036
(Use attachment if necessary)	
EV: Effective date, if other than the da	ate of filing: (OPTIONAL)
ctive date is listed, the date must be : if filing.)	specific and cannot be more than five business days prior to or 90
ment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not not of State's records.
nent's effective date on the Departmen	
nent's effective date on the Department  E VI: Other provisions, if any.	
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nt of State's records.
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	member or an authorized representative of a member.
REOUIRED SIGNATURE:  Signature of a 1 This document is execution.	member or an authorized representative of a member.
REOUIRED SIGNATURE:  Signature of a This document is executed a may aware that any factors.	member or an authorized representative of a member.
REOUIRED SIGNATURE:  Signature of a This document is exect 1 am aware that any faconstitutes a third degree.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a This document is executed a may aware that any factors.	meinber of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
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Signature of a This document is exect I am aware that any fa constitutes a third degrated RITA JACKMAN  \$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	meinter or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  onal)