

L19000118201

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J DENNIS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 30 AM 10:15



Department of State / Division of Corporations / Start a Business / Start E-filing / Florida Limited Liability Company Filing /

Florida Limited Liability Company Filing

Filing Information

If an effective date is required for this filing, enter here (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$125.00

Certificate of Status ☒ \$5.00 (Optional) What is a certificate of status?Certified Copy ☒ \$30.00 (Optional) What is a certified copy?Limited Liability Company Name Donald K. Fischhaber LLC
(Name must end with "Limited Liability Company", "L.L.C." or "LLC")

Principal Place of Business

 (The principal address must be a street address)Address 5 Tropicana Pkwy W.
Suite, Apt. #, etc.
City, State Cape Coral FL
Zip Code & Country 33993 US

Mailing Address

If your limited liability company mailing address is the same as the principal address above, please check the box below. Otherwise, enter your limited liability company mailing address.

☒ Mailing address same as principal addressAddress 5 Tropicana Pkwy W.
Suite, Apt. #, etc.
City, State Cape Coral FL
Zip Code & Country 33993 US

Name And Address of Registered Agent

What is a registered agent?Name Fischhaber Donald K
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business to serve as RA (Must be different from entity name being filed)Address 5 Tropicana Pkwy W. (PO Box not acceptable)FILED
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DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City, State

Zip Code & Country

Cape Coral, FL

33993 US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature **MUST** be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, F.S.

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

(Maximum of 240 characters.)

240 characters remaining

Notice of Annual Report

This Limited Liability Company (LLC) must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The LLC's first annual report will be due between January 1st and May 1st of the calendar year following the year the LLC is formed and must be filed [online](#). The fee to file a LLC Annual Report is \$138.75. A late fee of \$400 is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

Correspondence Name And E-mail Address Why do you need my e-mail address?


Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name Donald K. Fischhaber

E-mail Address don.hond@live.com

Re-enter E-mail Address don.hond@live.com

Signature of a member or an authorized representative.

Electronic Signature 

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

Name And Address of Person(s) Authorized to Manage LLC What is a Manager (MGR) or or Authorized Representative (AR)?

List the name and address of each manager or representative authorized to manage and control the company. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment and an additional \$25.00 filing fee.

Title

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STATE DEPT OF CORP
DIVISION OF CORPORATIONS
19 APR 30 AM 10:15

(MGR, AMBR, AP or other designated title(s))

Name
 Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR, AMBR, AP or other designated title(s)

Street Address

City, State

Zip Code & Country

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Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

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DIVISION OF CORPORATIONS
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