

LI9000130926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

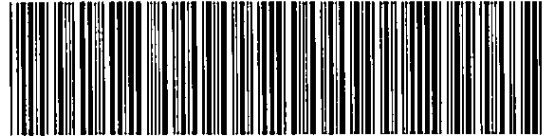
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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19 MAY 14 10 15 38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

MAY 23 2019

COVER LETTER

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

SUBJECT: REGENCY HOUSE PROPERTY 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:

REGENCY HOUSE PROPERTY LLC

Name of Person

Firm/Company

646 CORVINA DRIVE

Address

DAVENPORT, FL 33897

City/State and Zip Code
KATHLEEN@PARADISEINTLTAX.COM

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

For further information concerning this matter, please call:

KATHLEEN FLYNN 239 984-3404

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

May 10, 2019

Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Reference: Regency House Property LLC Florida Document Number L15000035243

Dear Department:

It has come to my attention that my Limited Liability Company Regency House Property LLC has
Become administratively dissolved due to non payment of the annual report filing fee.

At this time I would ask the Department to release my Florida Document Number L15000035243 for
Regency House Property LLC.

Further I enclose new articles that I would like to file with the Department.

Thanking you in advance for your assistance with these matters.

Sincerely,

A handwritten signature in black ink that reads "Kathleen M Flynn". The signature is fluid and cursive, with a long horizontal flourish at the end.

Kathleen M Flynn, Trustee

For Regency House Property LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REGENCY HOUSE PROPERTY 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:

646 CORVINA DRIVE
DAVENPORT, FL 33897

Mailing Address:

1314 CAPE CORAL PARKWAY E STE 20
CAPE CORAL, FL 33904

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:

KATHLEEN M FLYNN

Name

1314 CAPE CORAL PKWY E SUITE 208

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

CAPE CORAL

FL

33904

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.

Kathleen M Flynn
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

KATHLEEN M FLYNN

1314 CAPE CORAL PKWY E SUITE 208

CAPE CORAL, FL 33904

MGR

THE MALONEY FAMILY TRUST

646 CORVINA DRIVE

DAVENPORT, FL 33897

(Use attachment if necessary)

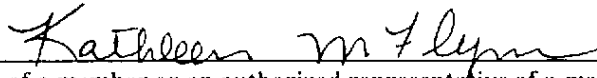
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

KATHLEEN M FLYNN

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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19 MAY 14 PM 1:38
TALLAHASSEE, FLORIDA