

L260000138931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

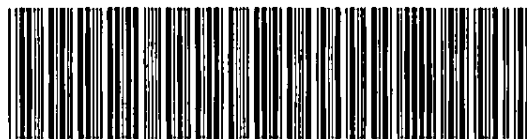
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/20--01011--03E **155.00

FILED
2020 MAY 20 PM 2:31
JULIA MASSEY, CLERK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Willoughby and Lee WILLOUGHBY & LEE, 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:

LISA A. EVERHART

Name of Person

WILLOUGHBY & LEE LLC

Firm/Company

7827 BONITA WAY

Address

ELLENTON FL. 34222

City/State and Zip Code

WILLOUGHBYANDLEE@GMAIL.COM

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

For further information concerning this matter, please call:

LISA EVERHART at (949) 294 7329

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Kerry L. Spaniak
3823 Lemonwood Dr. S.
ELLENTON FL 34222

MGR

Lisa A. Everhart
(402) 7827 Bonita Way
Ellenton, FL 34222

AMBR

Cynthia Ann Esper Heck
7812 CORAL LANE
ELLENTON, FL 34222

7827 SE
A.S.

(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:

Kerry L. Spaniak

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.

KERRY L. SPANIAK

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)



Filing Information

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.

Effective date for this filing 05/18/2020

Certificate of Status Requested No
Certified Copy Requested Yes

Limited Liability Company Name WILLOUGHBY & LEE, LLC

Principal Place of Business

Address 7827 BONITA WAY
Suite, Apt. #, etc.
City, State ELLENTON, FL
Zip Code & Country 34222,

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SPANIAK, KERRY, L.
Address 3823 LEMONWOOD DR SOUTH
Suite, Apt. #, etc.
City, State ELLENTON, FL
Zip Code & Country 34222, US

Registered Agent Signature KERRY L. SPANIAK

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

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name WILLOUGHBY & LEE
E-mail Address WILLOUGHBYANDLEE@GMAIL.COM

Signature of a member or an authorized representative.

Signature KERRY L. SPANIAK

Name And Address of Person(s) Authorized to Manage LLC

COVER LETTER

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Name and Address:

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ELLENTON FL 34222

~~(AMBR)~~ Lisa A. Everhart
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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.
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Typed or printed name of signee

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- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
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FLORENCE COUNTY
CLERK OF CIRCUIT COURT