

6/1/21

L21000281552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

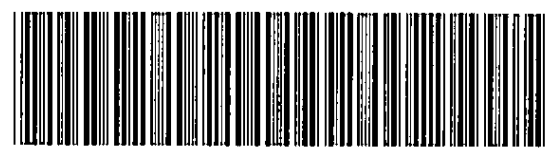
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

See 6/17/21



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TASM 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:

ALEC MILLARD

Name of Person

Firm/Company

186 M L KING AVE

Address

ST AUGUSTINE FL 32084

City/State and Zip Code

MILLARDBLDRS@GMAIL.COM

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

For further information concerning this matter, please call:

____ at (____) _____
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

2021 MAY -8 PM 2:06
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:

AMBR

THOMAS L. SANETRA
5878 N. MEDINA AVE
CHICAGO ILL 60646

AMBR

CHERYL A. SANETRA
5878 N. MEDINA AVE
CHICAGO ILL 60646

AMBR

ALEC T. MILLARD
186 M L KING AVE
ST AUGUSTINE FL 32084

AMBR

MARY F. MILLARD
186 M L KING AVE
ST AUGUSTINE FL 32084

(Use attachment if necessary)

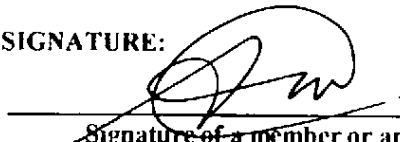
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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. TASM LLC WILL BE GOVERNED BY PRIOR WRITTEN DOCUMENTS DATED 9/25/02
TASM LLC HAS BEEN FORMED FOR THE SPECIFIC PURPOSE OF REMODELING
AND SELLING THE PROPERTY LOCATED AT 91 WASHINGTON ST ST AUGUSTINE
FLORIDA 32084. ONCE THE ABOVE NAMED PROPERTY IS SOLD, TASM LLC MAY
BE DISOLVED.

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.

ALEC MILLARD

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)

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FILING OFFICE

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