

L22000083340

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Legal@your-advocates.org

FLORIDA LIMITED LIABILITY CO.
R2P Consulting, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

23

RECEIVED
2022 FEB 25 AM 9:37

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TALLAHASSEE, FL

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Date: 02/21/2022

To the Division of Corporations:

Reference: R2P CONSULTING, LLC Doc # L14000065157

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 R2P CONSULTING, LLC I would like to at this time release my document number L14000065157

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:



PETER MUNRO

OBO: R2P CONSULTING, LLC

2022 FEB 25 PM 2:01
VALERIE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: R2P CONSULTING, 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:

PETER MUNRO

Name of Person

Firm/Company

1409 SW 21ST TER.

Address

CAPE CORAL, FL 33991

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:

PETER MUNRO

239

984-3404

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

2022 FEB 25 PM 2:01

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R2P CONSULTING, 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:

Mailing Address:

1409 SW 21ST TER

CAPE CORAL, FL 33991

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 FLYNN

Name

1314 CAPE CORAL PKWY E

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.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

PETER MUNRO
1409 SW 21ST TER
CAPE CORAL, FL 33991

(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 Flynn~~ Kathleen 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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STATE
FL

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