Division of Corporations https://efile.sunbiz.org/scripts/efilcovr.exe

L22000534513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000428533 3)))

H22000428533ABC\

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

From:
Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)610-8595

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

Email Address: DAVIDCPA@TampaBay.RR.COM

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FLORIDA LIMITED LIABILITY CO.
LINDA THYRRE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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H22000428533

December 22, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C. HASTINGS, CPA, PA

,

SUBJECT: LINDA THYRRE, LLC
REF: W22000157298

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

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Letter Number: 322A00028728

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22 DEC 27 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I am REFAXING 5 pages but I don't understand how my FAX confirmation sheet (Attached) says it faxed all 3 pages when you say you only got some of them?

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

LINDA THYRRE, 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:**
16101 3RD ST E REDINGTON BEACH, FL 33708	SAME

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:

DAVID C HASTINGS, CPA
Name

2207 54TH ST S
Florida street address (P.O. Box NOT acceptable)

GULFPORT	FL	33707
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)

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TALLAHASSEE, FLORIDA

(CONTINUED)

H22000285224

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	LINDA THYRRE 16101 3RD ST E REDINGTON BEACH, FL 33708

(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.

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REQUIRED SIGNATURE: Linda Thyrre

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.

LINDA THYRRE
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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P. 1

x x x Communication Result Report (Dec. 21. 2022 10:23AM) x x x

Date/Time: Dec. 21. 2022 10:21AM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0374	Memory TX	Div of Corps	P. 3	OK	

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E. 4) No facsimile connection
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Division of Corporations

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Florida Department of State
Division of Corporations
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From:
Account Name : DAVID C. HASTINGS, CPA PA
Account Number : 120000338168
Phone : (727)372-8789
Fax Number : (727)610-1595

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: DAVID@DCHastingsCPA.com

FLORIDA LIMITED LIABILITY CO.
LINDA THYRRE, LLC

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