

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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FLORIDA LIMITED LIABILITY CO. 854 So. County Rd, LLC

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Corporate Filing Menu

Help

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	iability Company	, "L.L.C.," or "LLC.")	
ress: and street address of the principal off	fice of the Limite	d Liability Company is:	
Principal Office Address:		Mailing Ad	dress:
ounty Road			
ch, FL 33480	We	st Palm Beach, FL 3340)1
Paul Krasker	Name		
		accentable)	
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City	State	Zip	
s certificate, I hereby accept the appoi with the provisions of all statutes rele	intment as registe ating to the prope	red agent and agree to a er and complete performa	ct in this capacity. I ance of my duties, and I
	ited Liability Company is: founty Rd, LLC (Must contain the words "Limited L ress: and street address of the principal off Principal Office Address: ounty Road ch, FL 33480 istered Agent, Registered Office, & y Company cannot serve as its own F ity with an active Florida registration orida street address of the registered of Paul Krasker 1615 Forum Place, Fif Florida street address West Palm Beach City registered agent and to accept service is certificate, I hereby accept the appoint of with the provisions of all statutes relief	ited Liability Company is: County Rd, LLC (Must contain the words "Limited Liability Company ress: and street address of the principal office of the Limited Principal Office Address: County Road Ch, FL 33480 Istered Agent, Registered Office, & Registered Agent are: Company cannot serve as its own Registered Agent ity with an active Florida registration.) Corida street address of the registered agent are: Paul Krasker Name 1615 Forum Place, Fifth Floor Florida street address (P.O. Box NOT West Palm Beach City State Registered agent and to accept service of process for the acceptificate, I hereby accept the appointment as registed with the provisions of all statutes relating to the proper	County Rd, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ress: and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: West Palm Beach, FL 3340 istered Agent, Registered Office, & Registered Agent's Signature: y Company cannot serve as its own Registered Agent. You must designate an ity with an active Florida registration.) orida street address of the registered agent are: Paul Krasker Name 1615 Forum Place, Fifth Floor Florida street address (P.O. Box NOT acceptable) West Palm Beach FL 33401

Fax: (850) 617-6381 Page: 3 of 3 05/12/2023 4:39 PM

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<u> Citle:</u>		Name and Address:	
AMBR" = Authorized	l Member		
MGR" = Manager.			
MGR	_	Paul Krasker	
	_	Paul Krasker 1615 Forum Place, Fifth Floor	
		West Palm Beach, FL 33401	
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