# T93000538590

| (Req                      | uestor's Name)   |              |
|---------------------------|------------------|--------------|
| (Add                      | ress)            |              |
| (Add                      | ress)            |              |
| (City,                    | /State/Zip/Phone | #)           |
| PICK-UP                   | MAIT             | MAIL         |
| (Bus                      | iness Entity Nam | ne)          |
| (Doc                      | ument Number)    | <del> </del> |
| Certified Copies          | Certificates     | of Status    |
| Special Instructions to F | iling Officer:   |              |
|                           |                  |              |
|                           |                  |              |
|                           |                  | 1            |

Office Use Only



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04/21/23 0:028-084 •4:21.00

SECRETARY OF STATE

## **COVER LETTER**

|                      | w Filing Sec<br>vision of Co |  |   |   |
|----------------------|------------------------------|--|---|---|
| SUBJECT:             | <u> </u>                     | Anderson                                     | Realty LLC.   |   |
|                      |                              | Name of Lim                                  | nited Liability Company   |   |
| The enclose          | d Articles of                | Organization and fee(s) are                  | e submitted for filing.   |   |
| Please return        | n all corresp                | ondence concerning this ma                   | tter to the following:  |   |
|                      |                              | Carrie                                       | And erson   |   |
| •                    |                              |  | Name of Person  |   |
|                      |                              |  |   |   |
| -                    |                              |  | Firm/Company  | <del></del>   |
|                      |                              | 1880 Red                                     | OAK Terr  |   |
| •                    |                              |  | Address   |   |
|                      |                              | Jero Bead<br>Acarrierynne                    | Fe 32966  |   |
| •                    |                              | Ci   | ity/State and Zip Code  |   |
| _                    |                              | H Carrie Lynn &                              | gahou.com   |   |
|                      |                              | E-mail address: (to be used                  | for future annual report notificati                                 | ion)  |
| For further in       | formation co                 | ncerning this matter, please                 | call:   |   |
| _                    | Carrie                       | Anderson at (                                | 772 913 - 4163 rea Code Daytime Telephon                            | ?   |
|                      | Nan                          | ne of Person Ar                              | rea Code Daytime Telephon   | e Number  |
| Enclosed is          | a check for t                | he following amount:                         |   |   |
| <b>X</b> i\$125.00 I | Filing Fee                   | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                      | <b>N</b> g - 111-            | na Addunos                                   | Ctuant & ddunna   |   |

# 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

| "AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager  |  |
| MGR  | Carrie Anderson 1880 Red OAK Terr Vero Beach & 32466   |
|  | vero Back Fi 32466   |
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| <del> </del>   |  |
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| (Use attachment if necessary)  |  |
| ICLE V: Effective date, if other than the confective date is listed, the date must be  | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after   |
| ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  | e specific and cannot be more than five business days prior to or 90 days after<br>not meet the applicable statutory filing requirements, this date will not be listed a   |
| ICLE V: Effective date, if other than the on effective date is listed, the date must be ate of filing.)  Ether inserted in this block does n   | e specific and cannot be more than five business days prior to or 90 days after<br>not meet the applicable statutory filing requirements, this date will not be listed a   |
| ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  E: If the date inserted in this block does not be document's effective date on the Departm ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  | e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.   |
| ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  E: If the date inserted in this block does not document's effective date on the Department of the Departmen | e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a tent of State's records.  Para Anderson  |
| ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  If the date inserted in this block does not document's effective date on the Department of the Department o | aspecific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed then of State's records.  The member of an authorized representative of a member.  The member of a member of a member.  The member of a member of a member of a member.  The member of a member |
| ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  If the date inserted in this block does not document's effective date on the Department of the Department o | e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.  American American State of a member.  Example or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member of a member or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member or an authorized representative of a member.  Example of a member of a membe |

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Date of this notice: 10-10-2022

Employer Identification Number:

92-0633931

Form: SS-4

Number of this notice: CP 575 G

C ANDERSON REALTY LLC CARRIE L ANDERSON SOLE MBR 1880 RED OAK TER VERO BEACH, FL 32966

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0633931. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.