## L23000348421

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Document Number)	
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2023 JUL -5 AM 9: 22 SECRETARY OF STATE

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## COVER LETTER .

	iling Section on of Corporations					
	RENDON B LLC					
Sobject	Name of Li	mited Liabili	ty Company		·	
The enclosed A	rticles of Organization and fec(s) a	re submitted	for filing.			
Please return all	correspondence concerning this m	atter to the fo	ollowing:		S. C.	20
BR	ENDON ZINSNER				CRET	2023 JUL
		Name of	Person		HA?	- 5
BR	ENDON B LLC	_			OF S	AH
		Firm/Cor	npany		F 73	-  -  -
308	8 TYRONE LANE				τri	ယ်
	<u> </u>	Addre	:88	<del></del>		_
SAI	RASOTA, FL 34239					
BRE	C NDONZINSNER@YAHOO.COM	City/State and	l Zip Code			<del>_</del>
<del></del>	E-mail address: (to be used		mual report notificati	ion)	<del></del> _	_
For further inform	nation concerning this matter, pleas	e call:				
BRE		41	809-7715 )			
	-	rea Code	Daytime Telephon		•	
Enclosed is a ch	eck for the following amount:					
15125.00 Filin	•	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status lopy	Ŀ
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ל ד 2	Street Address Sew Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230.	issee A, Suite 810		

Brendon Zinsner 3088 Tyrone Lane Sarasota, FL 34239 (941) 809-7715

May 8, 2023

Ms. Karen Lovelace, Regulatory Specialist II Registration/New Filing Section Division of Corporation PO Box 6327 Tallahassee, FL 32314

2023 JUL -5 AM 9: 23
SECRETARY OF STATE
TALLAHASSEE, FL

RE: Document No. L22000151688

Ms. Lovelace:

This letter shall serve the purpose directing the name release of BRENDON B LLC. I have no intentions of using or reinstating the name registered under subject document number. As such, I hereby authorize the release of BRENDON B LLC to the new business entity BRENDON B LLC to be filed and located at 3088 Tyrone Lane, Sarasota, FL 34239. The new phone number of record is (941) 809-7715.

Should you need anything further, please contact me via email at <u>brendonzinsner@yahoo.com</u> or phone me at (941) 809-7715. Thank you.

Best regards,

BReadon &

Brendon Zinsner, Member

Brendon B LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabili	ty Company is:				
BRENDON B LLC					
(Must cont	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			ŕ		
The mailing address and street a	ddress of the principal	office of the Li	mited Liability Company is:		
			-inted Endontry Company is.		
<u>Princip</u>	al Office Address:		Mailing Add	Iress:	
3088 TYRONE LAN	(E		3088 TYRONE LANE		
SAKASUTA, FL 34	239	<del></del>	SARASOTA, FL 34239		
<del> </del>		<del>_</del>			
ARTICLE III - Registered Age	ent, Registered Office.	. & Registered	Agent's Sionature	C2 83	
(The Ennied Liability Company	cannot serve as its own	n Registered A	gent. You must designate an ir	SECRETA	
another business entity with an a	ctive Florida registrati	on.)		FR S	ومتراجين
The name and the Florida street a	ddress of the registere	d agent are:		,	i i i i i i i i i i i i i i i i i i i
				RY AS	- Tan
	BRENDON ZINSN			AH OF SEE	والما
		Name		5 (7)	[ <del></del> -
	3088 TYRONE LAI	NE		9: 2 FL FL	المستعير
	Florida street addres	s (P.O. Box No	DT acceptable)	77 23	
	SARASOTA	FL	34239		
	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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	BRENDON ZINSNER 3088 TYRONE LANE
	SARASOTA, FL 34239
	5 CA AL
	ASSET
	9
(Use attachment if necessary)  ETICLE V: Effective date, if other than the decessary	9 2 3 mi 3 3
RTICLE V: Effective date, if other than the data an effective date is listed, the date must be so date of filing.)  ote: If the date inserted in this block does not a document's effective date on the Department.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days
RTICLE V: Effective date, if other than the dat an effective date is listed, the date must be state of filing.)  ote: If the date inserted in this block does not a document's effective date on the Department of	te of filing:
TICLE V: Effective date, if other than the datan effective date is listed, the date must be sidate of filing.)  te: If the date inserted in this block does not document's effective date on the Department TICLE VI; Other provisions, if any.  REQUIRED SIGNATURE:	te of filing:
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be so date of filing.)  In the date inserted in this block does not a document's effective date on the Department of TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many This document is executed an aware that any false.	te of filing:

ARTICLE IV-

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)