

**L24000052298**

Florida Department of State  
Division of Corporations  
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((H24000040619 3))



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

Email Address: chuck@stutourban.com

**FLORIDA LIMITED LIABILITY CO.  
311 NE Golfview LLC**

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

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STATE DEPARTMENT OF REVENUE

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H24000040619

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Jonathan Licciardi

311 NE Golfview Circle

Stuart, FL 34996

AMBR

Christian Licciardi

311 NE Golfview Circle

Stuart, FL 34996

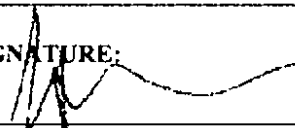
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Jonathan Licciardi

Typed or printed name of signee

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
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