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2009 JUN -9 PM 1: 02
SECRETARY OF STATE

FILED

T. CLINE

JUN 10 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporatio	ns						
SUBJE	ст:190	GIANTS Nau	NECK R	D LLC		_		
	closed "Application by F ce, and check are submit							
Please 1	return all correspondence	concerning this ma	atter to the following	ıg:				
		G	EORGE Name of Pe	GEOFFRA rson	<u> </u>			
			Firm/Comp	any				
12759 N. RIVERGARDEN DR Address								
	·	MUNUT	ELLON FO	3443 ip Code	33			·
		E-mail address: (f	EOFØ6 o be used for futur	87 @ A e annual report n	LOL, Comotification)	SECT	2009 J	-73
For furt	her information concerni	ng this matter, pleas	se call:			HASSE	2009 JUN -9 PM 1: 02	F
	Name	of Person	at (at (Daytime Telepho	no Numbos	Y OF S	P X	O
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	i	STREET ADDI Division of Corp Registration Sec Clifton Building 2661 Executive of Tallahassee, FL	RESS; orations ion	one Number	STATE	1: 02	
Enclos	ed is a check for the	following amou	nt:					
[\$125.00 Filing Fee	\$130.00 Filing Certificate of		5.00 Filing Fee & Certified Copy		ng Fee, Cer & Certifie		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 190 GIANTS WECK RD LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") 2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. MAY ZO ZOO 9 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 190 GIANTS NECK RO
NIANTIC, CONNECTICUT 06357 Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
GEORGE GEOFFREY
12759 N RIVER GARDEN DR
DUNNELLUN, FL 34433
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
RESIDENTIAL RENTAL IN STATE OF CONNECTICUT.
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
George George Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
190 GIANTS NECK RD LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
BEOF'S PETS PLUS LLC	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	711-9 2009 JUN -9
DUNNELLON FL 34432 City/State/Zip	PM 1: 02
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all starelating to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties.	imited s registered tutes ept the
Ama Malla	

Filing Fee for Application \$ 25.00 Designation of Registered Agent

Certified Copy (optional) Certificate of Status (optional)

(Signature)

\$ 100.00

\$ 30.00

5.00

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

190 GIANTS NECK RD LLC

a limited liability company organized under the laws of FLORIDA and transacting business in the state of Connecticut under the name

190 GIANTS NECK RD LLC

filed an application for certificate of registration to transact business in this office on May 26, 2009.

A certificate of cancellation has not been filed, and so far as indicated by the records of this office such limited liability company is authorized to transact business in Connecticut.

Secretary of the State

Date Issued: June 07, 2009

Business ID: 0973016 Express Certificate Number: 2009134971001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov