



# Florida Limited Liability Company Filing

## Filing Information

If an effective date is required for this filing, enter here  /  /  (MM/DD/YYYY) [What is an effective date?](#)

**Required Filing Fees:** \$125.00

**Certificate of Status**  \$5.00 (Optional) [What is a certificate of status?](#)

**Certified Copy**  \$30.00 (Optional) [What is a certified copy?](#)

**Limited Liability Company Name**  CHARTER LEGACY DEMO PLLC

(Name must end with "Limited Liability Company", "L.L.C." or "LLC")

## Principal Place of Business

 (The principal address must be a street address)

**Address**  123 INNOVATION WAY

**Suite, Apt. #, etc.**

**City, State**  STE 400, FL

**Zip Code & Country**  32720  US

## Mailing Address

If your limited liability company mailing address is the same as the principal address above, please check the box below. Otherwise, enter your limited liability company mailing address.

Mailing address same as principal address

**Address**  123 INNOVATION WAY

**Suite, Apt. #, etc.**

**City, State**  STE 400, FL

**Zip Code & Country**  32720  US

## Name And Address of Registered Agent

[What is a registered agent?](#)

**Name** , , ,   
**Last Name**  **First Name**  **Initial**  **Title (Sr., Jr., etc.)**

- OR -

**Business to serve as RA**  Andy Treusch (Must be different from entity name being filed)

**Address**  123 INNOVATION WAY, STE 400 (PO Box not acceptable)

**Suite, Apt. #, etc.**

**City, State**  DeLand, FL

**Zip Code & Country**  32720  US

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. **Do not enter the name of the entity you are attempting to file as Registered Agent.** A business entity cannot serve as its own RA.

#### Registered Agent Signature

Andy Treusch

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. [831.06](#), F.S.

#### Any Other Provision(s) - Optional (Purpose, Statements, etc.)

(Maximum of 240 characters.)

General business consulting services

240 characters remaining

#### Notice of Annual Report

This Limited Liability Company (LLC) must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The LLC's first annual report will be due between January 1st and May 1st of the calendar year following the year the LLC is formed and must be filed [online](#). The fee to file a LLC Annual Report is \$138.75. A late fee of \$400 is applied if the report is filed after May 1st. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles. File early to avoid the late fee.

#### Correspondence Name And E-mail Address [Why do you need my e-mail address?](#)

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name

E-mail Address

Re-enter E-mail Address

Signature of a member or an authorized representative.

Electronic Signature

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.

#### Name And Address of Person(s) Authorized to Manage LLC

[What is an Authorized Representative \(AR\)](#), [Authorized Person \(AP\)](#), [Authorized Member \(AMBR\)](#), or [Manager \(MGR\)](#)?

**List the name and address of each manager or representative authorized to manage and control the company. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$25.00 filing fee.**

Title  (MGR, AMBR, AP or other designated title(s))

Name , , ,

Last Name

First Name

Initial

Title (Sr., Jr., etc.)

- OR -

Entity Name to serve as MGR,  
AMBR, AP or other designated title(s)

Street Address

City, State

, 

Zip Code & Country

 

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Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.