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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 MAR 13 P 4: 11

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D. BRUCE
MAR 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARBOUR ISLE RESALES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD D. PERCIC
Name of Person
JECK, HARRIS, RAYNOR & JONES, P.A.
Firm/Company
790 JUNO OCEAN WALK, SUITE 600
Address
JUNO BEACH, FL 33408-1121
City/State and Zip Code
DPERCIC@JHRJPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD D. PERCIC at (561) 713-2094
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	R. MASON SIMPSON	9315 DOLE CIRCLE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017
 APR 11
 DEPT. OF REVENUE
 TALLAHASSEE, FL 32310

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 3/10/2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 10 2017

R M Simpson
Signature of a member or authorized representative of a member

R. MASON SIMPSON
Typed or printed name of signer