

L060000117891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

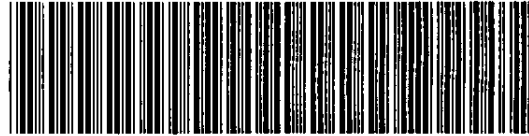
(Business Entity Name)

(Document Number)

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11/03/10--01025--005 \*\*60.00

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10 NOV - 5 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV - 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2010

CAROLYN MATHIS  
HARBOR VIEW ADVISORS, LLC  
822 A1A N., STE. 200  
PONTE VEDRA BEACH, FL 32082

SUBJECT: HARBOR VIEW ADVISORS, LLC  
Ref. Number: L06000117891

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TALLAHASSEE, FLORIDA

We have received your document for HARBOR VIEW ADVISORS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #L06000052547, HV HOLDINGS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 010A00025969

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**HARBOR VIEW**  
ADVISORS

Nov. 5, 2010

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attn: Joey Bryan

Dear Mr. Bryan:

Enclosed, please find two amendments to be processed for Harbor View Advisors, LLC and HVA Securities, LLC. Please note paperwork was recently sent and was rejected. Therefore, new paperwork is being resubmitted to your attention. In addition, attached is a check for \$50.00. We previously submitted a check in for \$60; however, it is important we get certified stamp copies for each amendment change. Therefore, the total amount paid is \$110 (\$55.00 for each amendment).

It is important that the amendment for Harbor View Advisors, LLC be processed first so that the name will be released because the second set of paperwork is requesting to go from HVA Securities, LLC to Harbor View Advisors, LLC. Also, note that a check was already furnished and I was told by Tammy that another check was not necessary to send with this paperwork.

If you have any questions, please don't hesitate to call me. Thank you for your prompt attention to this matter.

Sincerely,

Lori Adams  
Harbor View Advisors, LLC  
822 A1A N., Ste. 200  
Ponte Vedra Beach, FL 32082

Encs.

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10 NOV -5 PM 3:28  
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

ATTN: Joey Bryan - IMPORTANT TO  
File this 1st

SUBJECT: \_\_\_\_\_ TO Release  
Name of Limited Liability Company  
Name

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

Please return all correspondence concerning this matter to the following:

CAROLYN MATHIS

Name of Person

HARBOR VIEW ADVISORS

Firm/Company

822 AIA N STE 200

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

cmathis@hvadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI ADAMS

Name of Person

at (904) 285-4278

Area Code & Daytime Telephone Number

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)

NOTE- check for \$30.00 already deposited  
with previous PPWK mailed on 11/2

### 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

NOTE- 2 Filed, stamped Articles of Organization  
attached. Please return one copy with updated  
certification

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HARBOR View ADVISORS, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2006 and assigned  
Florida document number L06000 117891

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HVA HOLDINGS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

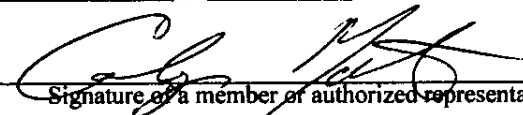
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV - 5 PM 3:28  
FILED

Dated Nov. 5, 2010.

X  \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
CAROLYN MATHIS  
 Typed or printed name of signee