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TALLAHASSEE FLORIDA

D. BRUCE
JAN 09
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **HVA Holdings, 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:

Carolyn Mathis

Name of Person

Harbor View Advisors, LLC

Firm/Company

822 A1A North Suite 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)

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

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HVA Holdings, LLC

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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

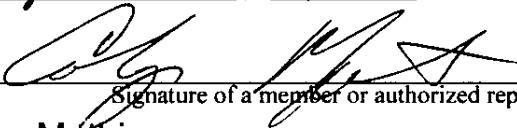
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Douglas Melsheimer	35 Ponte Vedra Circle	<input type="checkbox"/> Add
		Ponte Vedra, FL 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 7, 2013.

X 

Signature of a member or authorized representative of a member

Carolyn Mathis

Typed or printed name of signee

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Filing Fee: \$25.00

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