

#L07000042671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 6 - 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1st Impressions of Lee County, 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:

Millard Brown

Name of Person

1st Impressions of Lee County, LLC

Firm/Company

17654 Captiva Island Ln.

Address

Fort Myers, FL 33908

City/State and Zip Code

millard@ftmyers.com

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

For further information concerning this matter, please call:

Millard Brown

Name of Person

at (239)

770-6849

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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

MGR = Manager
MGRM = Managing Member

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

Barbara E. Brown 25%

Signature of a member or authorized representative of a member

Typed or printed name of signee