

L13000067967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 2 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steele Street Studios, 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:

Amanda B. Kersenbrock

Name of Person

Steele Street Studios, LLC.

Firm/Company

1399 Miller Avenue

Address

Winter Park, FL 32789

City/State and Zip Code

blair@steelestreetstudios.com

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

For further information concerning this matter, please call:

Amanda B. Kersenbrock at (407) 330-2418

Name of Person

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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TALLAHASSEE, FLORIDA
cords.)

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

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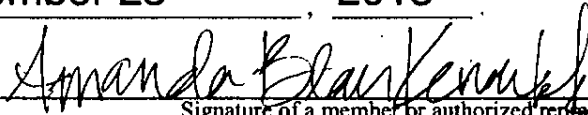
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHANNON LAZIC	111 E. STEELE ST	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32804	<input type="checkbox"/> Remove
			<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.)*

Dated December 23, 2013



Signature of a member or authorized representative of a member

Amanda B. Kersenbrock

Typed or printed name of signee

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Filing Fee: \$25.00