

L19000145602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

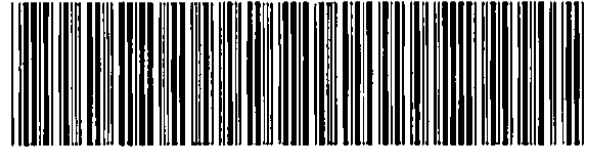
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER
JUL 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T1 Ammunition Sales, 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:

John P Laudenslager

Name of Person

John P Laudenslager PA

Firm/Company

PO Box 1460

Address

Nokomis, FL 34274

City/State and Zip Code

jpl@jplpa.com

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

For further information concerning this matter, please call:

John P Laudenslager

941

485-0225

at (_____) _____

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

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sulmor Holdings LLC	PO Box 1460 Nokomis, FL 34274	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deborah A Sullivan		<input type="checkbox"/> Add
		7056 Saddle Creek Lane Sarasota, FL 34241	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Westport Capital BR LLC		<input type="checkbox"/> Add
		PO Box 1460 Nokomis, FL 34274	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	John P Laudenslager		<input type="checkbox"/> Add
		PO Box 1460 Nokomis, FL 34274	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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REC'D
FILED

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

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PALM BEACH

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SEAL

E. Effective date, if other than the date of filing: _____ (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 June 24 _____, 2019

John P. Lindenberg
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John P Laudenslager

Typed or printed name of signee