

LD10000001382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

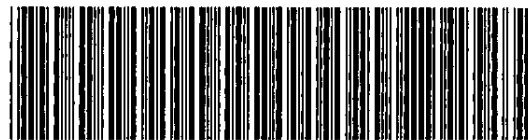
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/10/17--01012--027 **35.00

2017 MAR 28 P 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
MAR 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 MAR 27 AM 10:54
TALLAHASSEE, FLORIDA

March 15, 2017

EDWARD A GURRY, JR.
4583 CLARK RD
SARASOTA, FL 34233

SUBJECT: AMERICAN CLASSIC MOTORCYCLE RENTALS, LLC
Ref. Number: L01000001382

We have received your document for AMERICAN CLASSIC MOTORCYCLE RENTALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00005044

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Classic Motorcycle Rentals, 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:

Edward A Gurry Jr.

Name of Person

American Classic Motorcycle Rentals, LLC

Firm/Company

4582 Clark Rd

Address

Sarasota, Fl. 34233

City/State and Zip Code

egurry@suzukiofsarasota.com

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

For further information concerning this matter, please call:

Edward A Gurry Jr

941 925-0376/ cell 941-685-1425
at () Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 28 P 12:20

FILED

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V	Vespa Francis	13260 N Branch Rd	<input type="checkbox"/> Add
		Sarasota, Fl. 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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 3/23, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Edward A GURRY JR, PRES.
Typed or printed name of signer