

LO1000004143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

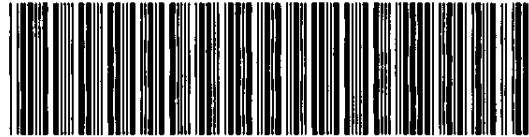
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TALLAHASSEE FLORIDA

JAN 13 2015  
J. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **LEGACY ESTATE PLANNERS, P.L.**

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:

**W. DENIS SHELLEY**

Name of Person

**LEGACY ESTATE PLANNERS, P.L.**

Firm/Company

**313 South Palmetto Ave.,**

Address

**Daytona Beach, Florida 32114**

City/State and Zip Code

**shelley@legacyestateplanners.com**

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

For further information concerning this matter, please call:

**Denis Shelley**

Name of Person

**386**

at ( )

Area Code

**252-2531**

Daytime Telephone Number

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TALLAHASSEE FLORIDA

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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

EFFECTIVE DATE 01/01/15

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Effective date, if other than the date of filing: 01-01-2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12-24, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

W. DENIS SHELLEY, MANAGER/MEMBER

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE FLORIDA