

L030000004109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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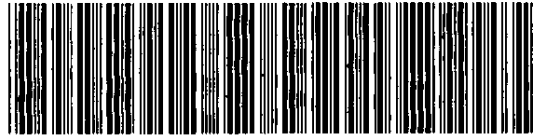
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 12 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Coast Group, 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:

Claudia Carrero

Name of Person

CBS Financial

Firm/Company

6209 W Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

cbsfinancialcpas@aol.com

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

For further information concerning this matter, please call:

Claudia Carrero

Name of Person

at (954)

724-4141

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

Atlantic Coast Group, LLC

(A Florida Limited Liability Company)

Page 1 of 2

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>
MGR	Mark Voyer	741 VILLA PORTO FINO CIR DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE

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

Dated April 29, 2010


Signature of a member or authorized representative of a member

Diana Voyer
Typed or printed name of signee