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2014 JUN 26 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN 26 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1412 TROVILLION, 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 TAYLOR**

Name of Person

**FASSETT, ANTHONY & TAYLOR, P.A.**

Firm/Company

**1325 W. COLONIAL DRIVE**

Address

**ORLANDO, FL 32804**

City/State and Zip Code

**JTAYLOR@FASSETTLAW.COM**

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

For further information concerning this matter, please call:

**JOHN TAYLOR**

Name of Person

**407 872-0200**

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



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>
MGRM	Stephen C. Abrams	320 East Trotters Drive	<input checked="" type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
MGRM	SCA Management, LLC	7702 S. Shoreacres Pt.	<input type="checkbox"/> Add
		Floral City, FL 34436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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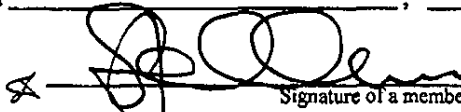
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18, 2014.



Signature of a member or authorized representative of a member

Stephen C. Abrams, Sole Member

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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