

LD3000010519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

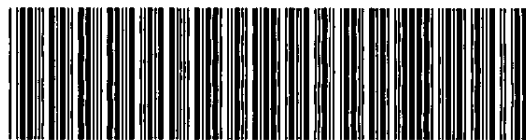
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

SEP 18 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mills & Ridgewood, 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:

Matthew G. Kovarik

Name of Person

DeLoach, P.L.

Firm/Company

1206 E. Ridgewood Street

Address

Orlando, Florida 32803

City/State and Zip Code

matt@deloachplanning.com

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

For further information concerning this matter, please call:

Matthew G. Kovarik

Name of Person

at **407 480-5005**

Area Code

Daytime Telephone Number

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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

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>
MGR	Carla A. DeLoach	400 East Compton Street	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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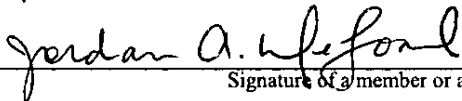
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 9/9/14



Signature of a member or authorized representative of a member

Jordan A. DeLoach, as Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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