

LC 6000049371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

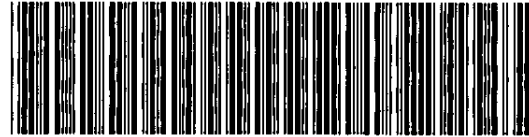
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/11/14--01019--005 **25.00

14 JUL 11 AM 10:17

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD**
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS
**ALSO MEMBER OF
GEORGIA BAR

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

July 10, 2014

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Timeless Hardscapes LLC

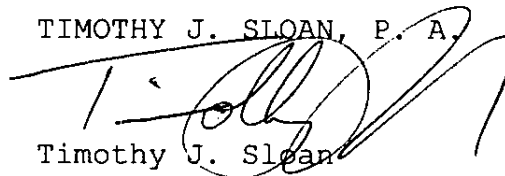
Gentlemen:

Enclosed please find an original Articles of Amendment ("Amendment") for the above referenced company, together with a check in the amount of \$25.00 to cover the cost of filing. Please file the Amendment at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.



Timothy J. Sloan

TJS/mf
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIMELESS HARDSCAPES 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:

Timothy J. Sloan

Name of Person

Timothy J. Sloan, P.A.

Firm/Company

427 McKenzie Avenue

Address

Panama City, FL 32401

City/State and Zip Code

timelessservicegroup@gmail.com

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

For further information concerning this matter, please call:

Timothy J. Sloan

Name of Person

at

850 769-2501

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

TIMELESS HARDSCAPES LLC

Page 1 of 3

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

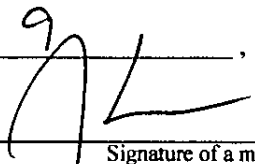
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(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 July 9, 2014



Signature of a member or authorized representative of a member

J. Keith Cowart

Typed or printed name of signee