

**L06000099236**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

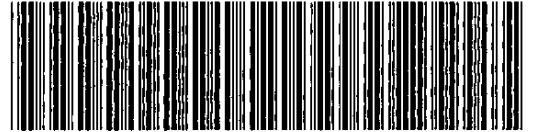
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**700200645187**

04/08/11--01008--012 \*\*25.0

**DIVISION OF CORPORATIONS**  
**11 APR -8 PM 19 03**

**N. Culligan APR 11 2011**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Golf Irrigation Services, 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:

**Robert Garrison**

Name of Person

**Golf Irrigation Services, LLC**

Firm/Company

**PO Box 1142**

Address

**Lake Alfred / Florida 33850**

City/State and Zip Code

**golfirrservbob@embarqmail.com**

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

For further information concerning this matter, please call:

**Robert Garrison**

Name of Person

at ( **321** )

**322-8547**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR -8 PM 3:00

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(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	James Grenkoski	1098 Oakpoint Circle Apopka, Florida 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Garrison	PO Box 1142 Lake Alfred, Florida 33850	<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
			<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.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated April 5, 2011



Signature of a member or authorized representative of a member

**Robert Garrison**

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

RECEIVED  
 DIVISION OF CORPORATIONS  
 11 APR - 8 PM '11