

607 000 044 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

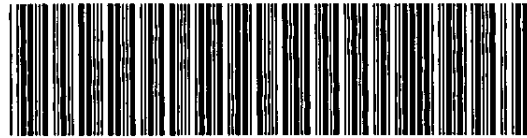
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 16 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Willowbrook Promotions, 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:

N. Michael Kouskoutis, Esq.

Name of Person

N. Michael Kouskoutis, P.A.

Firm/Company

623 E. Tarpon Ave.

Address

Tarpon Springs, FL 34689

City/State and Zip Code

nmk@nmklaw.com

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

For further information concerning this matter, please call:

N. Michael Kouskoutis

at ( 727 ) 942-3631

Name of Person

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

## Page 1 of 3

SECRETARY OF STATE  
WASHINGTON, D.C. 20520  
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Zip Code

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	DAN GARRISON	1002 MARSH VIEW LANE	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Remove
MGRM	DAVID HILDERBRAND	711 ANCLOTE DRIVE W.	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input type="checkbox"/> Remove
MGRM	N. MICHAEL KOUSKOUTIS	623 E. TARPON AVE.	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<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

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

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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 December 4th 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GAYEN HILDERBRAND

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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