

LO8000011488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LO8-11488

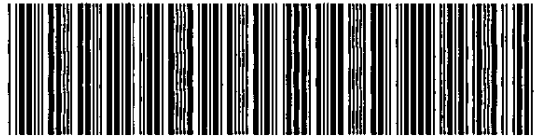
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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08/17/09--01011--004 **25.00

FILED
09 AUG 26 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United States Specialty Sports Association Live, L.L.C.
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:

Tim Kirby

Name of Person

Kirby Properties, Inc

Firm/Company

302 Corinthian Place

Address

Destin, FL 32541

City/State and Zip Code

kirbyconst@gmail.com

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

For further information concerning this matter, please call:

Tim Kirby

Name of Person

at (850)

259-1933

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2009

KIRBY PROPERTIES
302 CORNITHIAN PLACE
DESTIN, FL 32541

SUBJECT: UNITED STATES SPECIALTY SPORTS ASSOCIATION LIVE, LLC
Ref. Number: L08000011488

We have received your document for UNITED STATES SPECIALTY SPORTS ASSOCIATION LIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 609A00027953

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

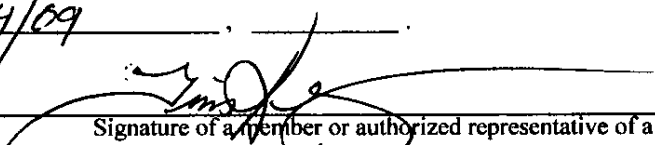
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated

8/24/09



Signature of a member or authorized representative of a member

Tim Kirby

Typed or printed name of signee

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09 AUG 26 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA