

L08000056428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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05/06/11--01032--015 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 19 PM 2:00

FILED

C. LEWIS

MAY 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2011

JOE FANTE / 2605 #100, LLC  
P.O. BOX 2495  
OCALA, FL 34478

SUBJECT: 2605 #100, LLC  
Ref. Number: L08000056428

We have received your document for 2605 #100, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 211A00011460

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 2605 #100, 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:

Joe Fante

Name of Person

Heritage Management Corp.

Firm/Company

P.O. Box 2495

Address

Ocala, FL 34478

City/State and Zip Code

joef@heritagemanagement.net

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

For further information concerning this matter, please call:

Joe Fante

at ( 352 ) 482-0777

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee  
Previously sent.  
See your May 9, 2011 letter.

☐ \$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

2011 MAY 19 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Records.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Records.)

06/06/08

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.	Wesley E. Dixon, Jr.	P.O. Box 2495 Ocala, FL 34478	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr.	Norbert J. Fante, Jr.	P.O. Box 2495 Ocala, FL 34478	<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.)*

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

Dated May 18, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Kenneth B. Kirkpatrick

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

FILED  
2011 MAY 19 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA