

L080000 78138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

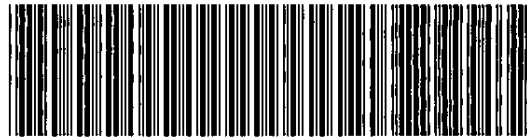
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500209851445

07/14/11--01013--020 **25.00

FILED
11 JUL 14 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 15 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEP World 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:

Sylvain Chevalier

Name of Person

SEP World LLC

Firm/Company

5678 Lago Villaggio Way

Address

Naples, FL 34104

City/State and Zip Code

sylvain@pobox.com

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

For further information concerning this matter, please call:

Sylvain Chevalier

Name of Person

at (239)

775-7652

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
11 JUL 14 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP World LLC

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>
MGRM	James F. Kier	24345 Wilderness Oak, #1204 San Antonio, TX 78258	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

July 12



Signature of a member or authorized representative of a member

Sylvain Chevalier

Typed or printed name of signee

FILED
 11 JUL 14 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA