

LO800008424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

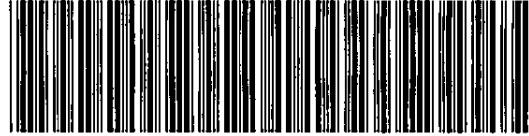
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271036611

04/06/15--01008--015 **55.00

FILED
2015 APR -5 PM 4:43
FBI - EL PASO

APR 21 2015
FBI - EL PASO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2644 FALMOUTH, 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:

ROBERTA PETERS, TRUSTEE

Name of Person

Firm/Company

418 ILIWAHI LOOP

Address

KAILUA, HI 96734

City/State and Zip Code

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

For further information concerning this matter, please call:

KRISTIN L. BRYANT

Name of Person

at (808) 561-6779

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2644 FALMOUTH, LLC

Page 1 of 3

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>
MGR	ROBERTA PETERS	418 ILIWAHI LOOP	<input type="checkbox"/> Add
		KAILUA, HI 96734	<input checked="" type="checkbox"/> Remove
MGR AND AMBR	ROBERTA PETERS, trustee of THE ROBERTA PETERS LIVING TRUST AGREEMENT dated 05/21/04	418 ILIWAHI LOOP	<input checked="" type="checkbox"/> Add
		KAILUA, HI 96734	<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

RECEIVED
JUL 1 2004
HAWAIIAN
TRUST COMPANY

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

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 MARCH 13, 2015.



Signature of a member or authorized representative of a member

ROBERTA PETERS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR -5 PM 4:43
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR THE
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA