

L080000086287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

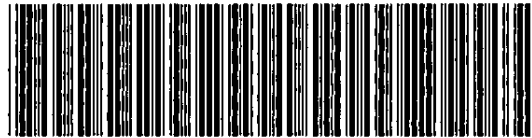
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 1:48

T. HAMPTON

OCT - 2 2009

EXAMINER

NO Cl. enclosed.
- but 9/21/09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHERROD AUTO DIRECT 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:

BOREE, MELANIE

Name of Person

SHERROD AUTO DIRECT LLC

Firm/Company

8004 ACORN RIDGE RD

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

JJ@SHERRODAUTODIRECT.COM

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

For further information concerning this matter, please call:

MELANIE BOREE

Name of Person

at (904)

545-0064

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

RECEIVED

09 OCT -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 22, 2009

MELANIE BOREE
8004 ACORN RIDGE RD
JACKSONVILLE, FL 32256

SUBJECT: SHERROD AUTO DIRECT LLC
Ref. Number: L08000086287

We have received your document for SHERROD AUTO DIRECT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 609A00031058

SHERROD AUTO DIRECT 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	MELANIE BOREE	8004 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	<input type="checkbox"/> Add <input checked="" 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 SEPTEMBER 10, 2009

X

M Boree

Signature of a member or authorized representative of a member

MELANIE BOREE

Typed or printed name of signee

09 SEP 21 PM 1:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS