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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 18 AM 9:49

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Harvest Group 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:

Latonia Wade

Name of Person

The Harvest Group

Firm/Company

10616 Amez Rd

Address

Jacksonville, FL 32218

City/State and Zip Code

harvestgroup.wade@gmail.com

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

For further information concerning this matter, please call:

Latonia Wade

Name of Person

at ( 904 )

238-6395

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

## The Harvest Group

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	John Trent	2838 Affired Ct Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Timothy Wade	10616 Armez Rd Jacksonville, FL 32218	<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.)*

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

Dated February 15, 2010.



Signature of a member or authorized representative of a member

Latonia Wade

Typed or printed name of signee