

L 09 0000 10276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

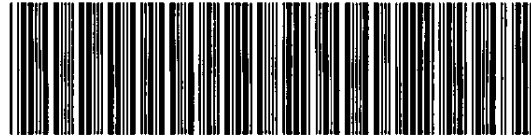
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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16 JUL 26 PM 3:12

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DORAN DESIGN 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:

ROBERT D SMITH

Name of Person

Firm/Company

1328 ESTUARY TRAIL

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

RDSMITHFL@COMCAST.NET

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

For further information concerning this matter, please call:

ROBERT D SMITH

Name of Person

at 561 272-2602

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

DORAN DESIGN 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>                      |
|--------------|-------------------|------------------------|--|
| MGRM         | MERCELENE J SMITH | 1328 ESTUARY TRAIL     | <input type="checkbox"/> Add               |
|              |                   | DELRAY BEACH, FL 33483 | <input checked="" type="checkbox"/> Remove |
|              |                   |                        |  |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        |  |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
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|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        |  |

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

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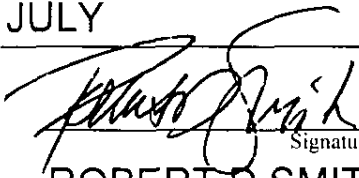
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JULY, 2014



Signature of a member or authorized representative of a member

ROBERT D SMITH

Typed or printed name of signee

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