

LD90000039229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

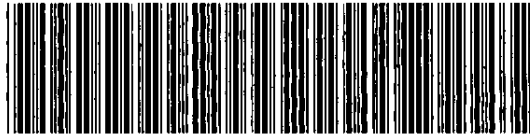
Special Instructions to Filing Officer:

L. SELLERS

MAY 19 2010

EXAMINER

Office Use Only



200180177882

05/17/10--01021--009 **25.00

FILED
10 MAY 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MICHAEL DOLEZAL, 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:

MICHAEL DOLEZAL

Name of Person

Firm/Company

6218 N. 9TH AVENUE

Address

PENSACOLA, FL 32504

City/State and Zip Code

mikesparadise@cox.net

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

For further information concerning this matter, please call:

MICHAEL DOLEZAL

Name of Person

at (**850**)

255-5618

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

MICHAEL DOLEZAL, 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	JoANNE DOLEZAL	6218 N. 9TH AVENUE PENSACOLA, FLORIDA 32504	<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.)*

JoANNE DOLEZAL IS BEING ADDED AS 90 PERCENT OWNER OF THIS LLC
FOR PURPOSE OF DISTRIBUTION OF PROFITS

Dated MARCH 11, 2010


Signature of a member or authorized representative of a member

MICHAEL DOLEZAL
Typed or printed name of signee

FILED
10 MAY 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA