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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 3 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW DIRECTIONS OF CENTRAL FLORIDA, 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:

Jack N. Chappell

Name of Person

New Directions of Central Florida, LLC

Firm/Company

9425 SE Hwy. 42

Address

Summerfield, FL 34491

City/State and Zip Code

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

For further information concerning this matter, please call:

John Q. Adams II, CPA

Name of Person

at (352)

237-3200

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

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	Tracy C. Ajar	695 NE 100th Street Ocala, FL 34479	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Scott Evan Spagnolo-Hye	4815 Sawgrass Lake Circle Leesburg, FL 34748	<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.)*

Change in above MGRM's to be effective August ²⁶~~12~~, 2009.

Dated

8/26

2009

[Signature]

Signature of a member or authorized representative of a member

JACK N. CHAPPELL

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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