

L 09000041040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

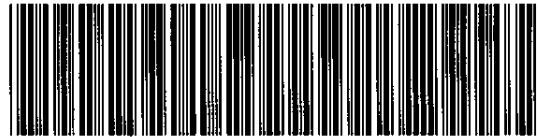
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SECRETARY OF STATE  
TREASURY

S. HAWKES  
JUN 16 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1390 N E CLEARMONT STREET 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:

SCOTT HOLMES  
Name of Person

Firm/Company

40 HIGH RIDGE ROAD  
Address

SOUTH BURY CT 06488  
City/State and Zip Code

SEH6619 @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT HOLMES at (203) 615-2890  
Name of Person 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

1390 N E CLEARMONT STREET 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>
MGR	SCOTT E. HOLMES	40 HIGH RIDGE ROAD SOUTH BURY CT 06488	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRANCES A. HOLMES	40 HIGH RIDGE ROAD SOUTH BURY CT 06488	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TIMOTHY SULLIVAN	490 RIVERSIDE AVENUE MERRITT ISLAND FL 32953	<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

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

Dated

6/9

2009

Signature of a member or authorized representative of a member

SCOTT E. HOLMES

Typed or printed name of signee

FILED  
JUN 15 11:34  
MERRITT ISLAND  
FL 32953