## L09000061258

(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:
·
· · · · · · · · · · · · · · · · · · ·

Office Use Only



800210075568

07/26/11--01026--003 \*\*30.00

2011 AUG = 2 AH 10: 48
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

C. LEWIS

Aug 3 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2011

NANCY HARLAN 12207 TIMBERLAKE RD RIVERVIEW, FL 33569

SUBJECT: NANCS LLC Ref. Number: L09000061258

We have received your document for NANCS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 211A00017758

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

To: Registration Section Division of Corporations
SUBJECT: NANCS 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:
Nancy Harlan Name of Person
Firm/Company
12207 Timberlake Rd Address
City/State and Zip Code  ligulic @ aol. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Harlan at (813 ) 600 - 7528  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

ART	ICLES OF AMI	ENDMENT	
ATTI	TO CLES OF ORGA	ANIZATION	FILEU
CAYOLY W  (Name of the Limited)	OF  ACS  Liability Company as in Florida Limited Liability	TAL: t now appears on our records. y Company)	CRETARY OF STATE SHASSEE. FLORIDA
The Articles of Organization for this Limited Li Florida document number L 0900000	ability Company were		^
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	•	ompany bere:	·
The new name must be distinguishable and end wit "L.L.C."		- · · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applica (Principal office address MUST BE A STREE	<u> ADDRESSI</u>	218 E Bearss Tampa, FL. 3:	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	BOX)		<b>V</b>
B. If amending the registered agent and/or registered agent and/or the new registered of		ddress on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	LEE	Pastoruis	
New Registered Office Address:	218 E	BEARS AW Enter Florida street	2 #34Y address
	TD mfa	, Florida	33613 Zip Code
	City		Ey Vous

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Ifai '

the Managers or Managing Members on our records, enter the title, name, and address of each Manager <u>g Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lee Pastorius	218 E Bears #344 Tampa FL 33663	□ Add □ Remove
MGRM	Nancy Harlan	12207 Timberlake en Piverview FL 33569	Add Remove
<del></del>			Add Remove
· 			Add Remove
	<del></del>		Add Remove
<del></del>			Add Remove
D. If amen	Also Remove	ge(s) here: (Attach additional sheets, if necessar NAWY Hallan Y Lovan other	
7	Ties wing N	tor an other ANS Lie. Thank	
 Dated	2/30 <u>, 1</u> /		<del></del>
)	Signature of a member	r or authorized representative of a member	2011 AUG -2 SECHETARY
	Typed	Page 2 of 2  Tiling Fee: \$25.00	2 AM ID: 48 2 OF STATE SEE, FLORIDA
	•		© m <b>€</b>