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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 26 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1004 LF, 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:**

**CRAIG D. BLUME**  
Name of Person

**CRAIG D. BLUME, P.A.**  
Firm/Company

800 HARBOUR DRIVE  
Address

NAPLES, FLORIDA 34103

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

For further information concerning this matter, please call:

CRAIG D. BLUME at ( 239 ) 417-4848  
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

1004 LF, 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	First Capital Consulting Grp	1243 11th Street North Naples, Florida 34102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Edward P. Burnham	4381 Third Avenue NW Naples, Florida 34119	<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

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 TALLAHASSEE, FLORIDA

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

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Dated OCTOBER, 2009



Signature of a member or authorized representative of a member

MARK MCGUIRE

Typed or printed name of signee