

LD9000093566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gullivan

MAR 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Audreys Attic 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:

Joseph Tilley

Name of Person

Audreys Attic LLC

Firm/Company

104 10th St. N.

Address

Naples, Fl. 34102

City/State and Zip Code

dtalley@audreys-attic.com

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

For further information concerning this matter, please call:

Joseph Tilley

Name of Person

at 239 403-8322

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

JOSEPH TILLEY
104 10TH ST. N.
NAPLES, FL 34102

SUBJECT: AUDREY'S ATTIC LLC
Ref. Number: L09000093566

We have received your document for AUDREY'S ATTIC 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 414A00004284

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	QUENBY TYLER	104 10th ST. N.	<input checked="" type="checkbox"/> Add
		NAPLES, FL. 34102	<input type="checkbox"/> Remove

AMBR	ASHLEY MEANS	104 10 th ST. N.	<input checked="" type="checkbox"/> Add
		NAPLES, FL. 34102	<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

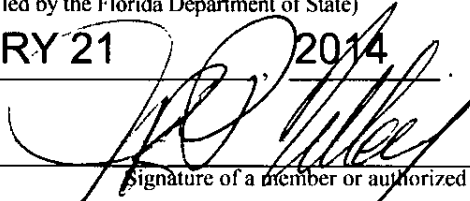
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 21, 2014



Signature of a member or authorized representative of a member

JOSEPH R P TILLEY

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA