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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 23 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASLI-Celebration, 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:

Kerry Bingaman

Name of Person

America's Business Manager

Firm/Company

2435 First Avenue North

Address

St. Petersburg, FL 33713

City/State and Zip Code

k.bingaman@autumnseniorproperties.com

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

For further information concerning this matter, please call:

Robert Ross

Name of Person

at (813)

326 9005

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ASLI-Celebration

(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	AUTUMN CARE, INC	2435 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMERICA'S BUSINESS M	2435 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TRINLEY CORP	3315 FOXRIDGE CIR TAMPA FL 33618 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Autumn Senior Living	2435 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 US	<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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 20 AM 11:26

FILED

Dated November 16, 2009

Signature of a member or authorized representative of a member

Kerry Bingaman

Typed or printed name of signee