

LO90000099486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

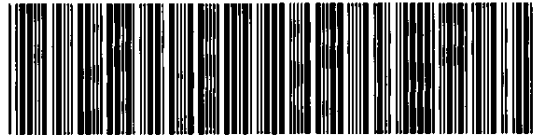
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 27 2009

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENT OUR KAYAKS, 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:

WILLIAM K. LOVELACE

Name of Person

WILSON, FORD & LOVELACE, P.A.

Firm/Company

401 SOUTH LINCOLN AVENUE

Address

CLEARWATER, FLORIDA 33756

City/State and Zip Code

FORDLOVE@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

WILLIAM K. LOVELACE

Name of Person

at (727)

446-1036

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

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RENT OUR KAYAKS, 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

Title	Name	Address	Type of Action
MGRM	PATRICIA L. FREITAG	4154 US HIGHWAY 19 NEW PORT RICHEY, FL 34652	☐ Add ☒ Remove
MGRM	Wind-N-Watersports.com, Inc.	4154 US HIGHWAY 19 NEW PORT RICHEY, FL 34652	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 22, 2009

William K. Lovelace
Signature of a member or authorized representative of a member
WILLIAM K. LOVELACE
Typed or printed name of signee

FILED
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ST. PETERSBURG
FLORIDA