

L09000115875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

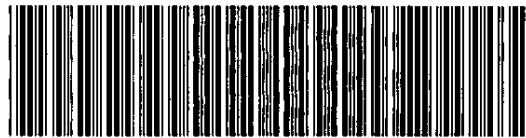
(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT
SEP - 8 2010
EXAMINER

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2010 SEP - 7 PM 2: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORGOTTEN COAST CLASSICS 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:

STEVEN BRAIN
Name of Person
FORGOTTEN COAST CLASSICS LLC
Firm/Company
514 6TH STREET
Address
PORT SAINT JOE, FL 32456
City/State and Zip Code
SRCBRAIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEVEN BRAIN at (**850**) **200 0989**
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

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

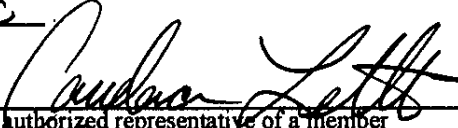
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CANDACE LITTLE	590 GRIFFIN ROAD WEWAHITCHKA, FL 32465	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	STEVEN BRAIN	514 6TH STREET PORT SAINT JOE, FL 32456	<input checked="" type="checkbox"/> Add <input type="checkbox"/> 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

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

2010 SEP -7 PM 2:55
 STATE CLERK OF STATE
 TALLAHASSEE, FLORIDA
FILED

Dated September 1st, 2010


 Signature of a member or authorized representative of a member
Steven Brain
 Typed or printed name of signee


 Signature of a member or authorized representative of a member
Candace Little
 Typed or printed name of signee