

L10000009031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

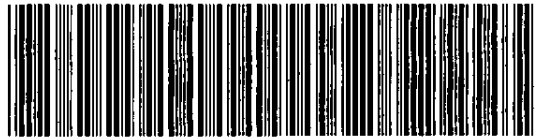
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300166968973

02/01/10--01011--017 **30.00

FILED
10 FEB - 1 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avalon Concierges Service, 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:

Adrian E. Smith Jr.

Name of Person

Avalon Concierges Service, LLC

Firm/Company

13820 Old St. Augustine Road Suite 113-211

Address

Jacksonville, FL 32258

City/State and Zip Code

Henderson-SmithConsultants@juno.com

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

For further information concerning this matter, please call:

Adrian Smith

Name of Person

at (904)

803-8010

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

FILED
10 FEB -1 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
r records.

**(Name of the Limited Liability Company as it now appears on our records,
(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>
			<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
			<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.)

N/A

Dated January 28, 2010

Adrian Smith
 Signature of a member or authorized representative of a member

Adrian Smith
 Typed or printed name of signee

FILED
 10 FEB - 1 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA