

L10000013741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

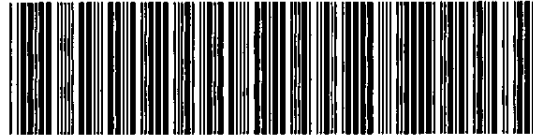
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY -1 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clubs For Par 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:

Peter M Simone

Name of Person

Clubs For Par LLC

Firm/Company

20140 Estero Gardens Cir unit 204

Address

Estero, Florida 33928

City/State and Zip Code

ClubsForPar1@yahoo.com

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

For further information concerning this matter, please call:

Peter Simone

Name of Person

at (239) 243-8601

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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TALLAHASSEE, FLORIDA
records.)

The Articles of Organization for this Limited Liability Company were filed on 2/4/10 and assigned
Florida document number 27-187-5045 , 10000013741

16257 South Tamiami Trail/Suite A
Fort Myers, Florida 33908

16257 South Tamiami Trail Suite A
Fort Myers, Florida 33908

_____, Florida _____
City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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:

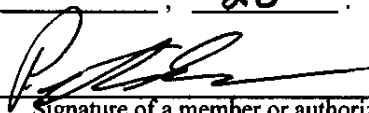
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amanda Melvin	20140 Estero Gardens Cir Estero, Florida 33928	Unit 204 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Michael Skutt	733 David Laird LN Lehigh, FL 33974	<input type="checkbox"/> Add <input checked="" 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.)

Dated April 23rd



Signature of a member or authorized representative of a member

Peter Simone

Typed or printed name of signee

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