

L100000015363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

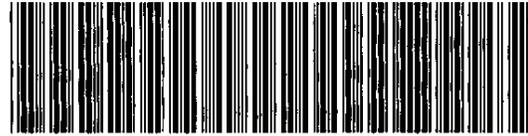
Special Instructions to Filing Officer:

L. SELLERS

AUG - 8 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG - 2 PM 3:20

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacobs Ladder Family II Assisted Living
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:

Karolena DeClercq, Administrator
Name of Person
Jacobs Ladder Family II Assisted Living
Firm/Company
123 Boca Ciega Rd
Address
Cocoa Beach, FL 32931
City/State and Zip Code
beachlvr2@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karolena DeClercq at (321) 223-3967
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>
			<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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

Dated _____

 7-30-10

Signature of a member or authorized representative of a member
Karolena Declerqa

Typed or printed name of signee