

L10000002697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

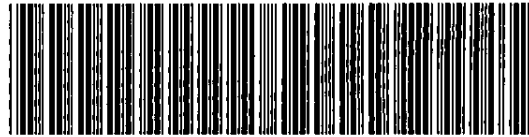
Special Instructions to Filing Officer:

L. SELLERS

DEC 29 2010

EXAMINER

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FILED
10 DEC 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Shehadeh 4 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:

Ahmad Shehadeh

Name of Person

Shehadeh 4 LLC

Firm/Company

5100 Fruitville Road

Address

Sarasota, FL 34232

City/State and Zip Code

mcintosh_bp@yahoo.com

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

For further information concerning this matter, please call:

Edwin Shepherdson

Name of Person

at (813)

908-0009

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

Shehadeh 4 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raaid Sheh	523 Seaholly Dr. Brooksville, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Khalid Shehadeh	3154 Montelclair Cr. Northport, FL 34287	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Quincy Shehadeh	PO BOX 667 Laurel FL 34272	<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

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

Dated December 20, 2010.



Signature of a member or authorized representative of a member

Edwin Shepherdson

Typed or printed name of signee