

L10000079237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

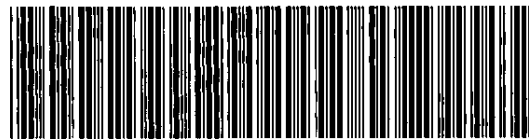
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP -3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Land O' Lakes BARBER 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:

Lori L. Cox or Kenneth Suarez
Name of Person

Cheers Barber Shop
Firm/Company

2916 Land O Lakes Blvd.
Address

Land O Lakes FL 34639
City/State and Zip Code

cheersbarbershop@gmail.com
E-mail address: (to be used for future annual report notification)

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20 SEP -2 AM 4:8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lori L. Cox or at (813) 810-8741
Name of Person Area Code & Daytime Telephone Number
Kenneth Suarez 813 390-0022

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

Land O' Lakes Barber 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:

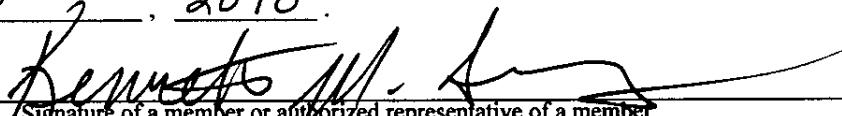
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lori L. Cox	3034 Lake Saxon DR Land O Lakes FL 34639	<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
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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

Dated August 30, 2010.

x 
 Signature of a member or authorized representative of a member
Kenneth M. Suarez
 Typed or printed name of signee