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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LJD Properties, 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:

Andrea Forch
Name of Person

Ross Title & Escrow, Inc.
Firm/Company

599 Ninth St + N # 300
Address

Naples, FL 34102
City/State and Zip Code

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

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For further information concerning this matter, please call:

Andrea Forch at 239 434-7700
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

LJD Properties, LLC

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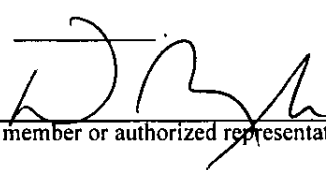
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	James M. Dolan	28260 Lisbon Ct #2821 Bonita Springs, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	The Linda J. Dolan Revocable Trust - 1993	28260 Lisbon Ct #2821 Bonita Springs, FL 34135	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____,



Signature of a member or authorized representative of a member

Typed or printed name of signee

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