

L10000089710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

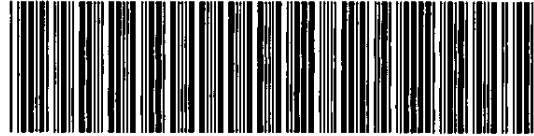
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Stevens FEB 17 2014
MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinnacle Management Solutions, 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:

Suzanne Kelly

Name of Person

Pinnacle Management Solutions, LLC

Firm/Company

2508 Del Prado Blvd, S

Address

Cape Coral, FL 33904

City/State and Zip Code

dkellycre@gmail.com

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

For further information concerning this matter, please call:

Suzanne Kelly

Name of Person

at (239) 673-7372

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Natnic Holdings, LLC	1949 SE 37th St.	☒ Add
		Cape Coral, FL 33904	☐ Remove
MGR	Daniel Kelly	2508 Del Prado Blvd, S	☐ Add
		Cape Coral, FL 33904	☒ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

16 FEB 2003
1:03 PM
JALAN

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 10, 2014.



Signature of a member or authorized representative of a member

Suzanne Kelly

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA