

L10000099660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

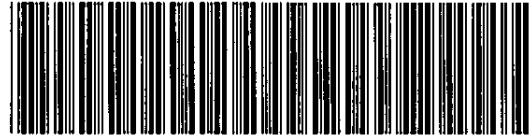
(Business Entity Name)

(Document Number)

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NOTARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 11 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHARKYS VAC-N-SEW, 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:

JAMES A. LAWSON

Name of Person

SHARKYS VAC-N-SEW, LLC

Firm/Company

700 NORTH MAIN STREET

Address

WILDWOOD, FL 34785

City/State and Zip Code

LUCIKAE1976@GMAIL.COM

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

For further information concerning this matter, please call:

CINDY DAVES

Name of Person

at 352 748-0074

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

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DIVISION OF CORPORATIONS  
2014 FEB 10 P 10:11  
FEB 10 2014

**SHARKYS VAC-N-SEW, LLC**

Page 1 of 3

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>
MGRM	REX LUSK	5122 NEPTUNE CIR	<input type="checkbox"/> Add
		OXFORD, FL 34484	<input checked="" type="checkbox"/> Remove
AMBR	ANA LAWSON	700 NORTH MAIN ST	<input checked="" type="checkbox"/> Add
		WILDWOOD, FL 34785	<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.)*

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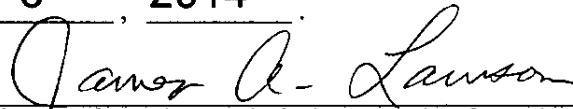
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 6**, **2014**



Signature of a member or authorized representative of a member

**JAMES A. LAWSON**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA