

DEC/27/2017 WED 01:53 PM
12/27/2017

Farr Law Firm

FAX No. 941-639-0028

P. 001/005

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941)639-1158
Fax Number : (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kblack@farr.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KINGSWAY CIRCLE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGSWAY CIRCLE, 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:

David A. Holmes, Esq.

Name of Person

Farr, Farr, Emerich, Hackett, Carr and Holmes, P.A.

Firm/Company

99 Nesbit Street

Address

Punta Gorda, FL 33950

City/State and Zip Code

kblack@farr.com; dholmes@farr.com

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

For further information concerning this matter, please call:

David Holmes

at (941) 505-9975

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

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H 170003386343

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
VP	Rebecca Dewey	14850 TAMiami TRAIL	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2017 DEC 27 AM 10:01
STATE OF FLORIDA
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

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

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
ATLANTA, GEORGIA

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


Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 27, 2017


Signature of a member

David A. Holmes

Typed or printed name of signee