

L10000126797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700199473197

03/29/11--01010--020 \*\*25.00

FILED  
2011 MAR 29 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 30 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bluewater Jax, 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:

Rochelle Bailey Price

Name of Person

Bluewater Jax, LLC

Firm/Company

6768 Fincannon Rd

Address

Jacksonville, FL 32277

City/State and Zip Code

rochelle@colo5.com

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

For further information concerning this matter, please call:

Rochelle Price

Name of Person

at ( 904 )

8993454

Area Code & Daytime Telephone Number

FILED  
2011 MAR 29 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Bluewater Jax, 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

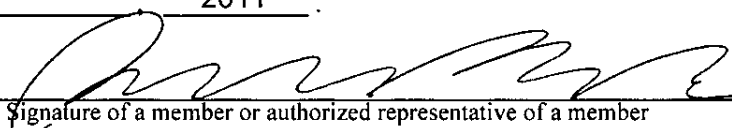
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William J Muyres	1485 Kathleen Way Fleming Island, FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Frank Doug Recker	1031 1ST ST N UNIT 1005 JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David J. Muyres	2412 Stockton Drive Fleming Island, FL 32003	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 2011 MAR 9 AM 10:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 3/16 2011

  
 Signature of a member or authorized representative of a member

Rochelle Bailey Price  
 Typed or printed name of signee