

L10000128949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 21 AM 8:22

FILED

J. SAULSBERRY  
EXAMINER

NOV 22 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clear Choice Stands LLC  
Name of Limited Liability Company

2011 NOV 21 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Della Palacios  
Name of Person

Clear Choice Stands, LLC  
Firm/Company

22606 Reefview Loop  
Address

Apopka, FL 32712  
City/State and Zip Code

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

For further information concerning this matter, please call:

Della Palacios at 407 426 0536  
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

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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	6. Raul Palacios	2266 Reefview Loop Apopka FL 32712	<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

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

\_\_\_\_\_

\_\_\_\_\_

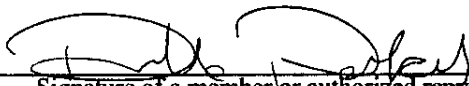
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\_\_\_\_\_

Dated 11/17/11

2011 NOV 21 AM 8:22  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

Della Palacios

Typed or printed name of signer