

L10000129096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

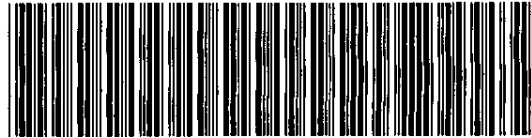
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800216059048

800216059048
01/09/12--01012--022 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

12 JAN -9 AM 11:37

FILED

D. BRUCE
JAN 13 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVER DOOR 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:

SCOTT BRUNDAGE

Name of Person

SILVER DOOR LLC

Firm/Company

P.O. BOX 25945

Address

SARASOTA, FL 34277

City/State and Zip Code

WESTWIND1@LIVE.COM

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

For further information concerning this matter, please call:

SCOTT BRUNDAGE

Name of Person

at 941, 266-8261

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

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FLORIDA

12 JAN -9 AM 11:37

FILED

SILVER DOOR 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 | GAIL CARLSON | PO BOX 25916 SARASOTA, FL 34277 | <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.)

Dated JAN. 8, 2012.

Scott Brundage
Signature of a member or authorized representative of a member

SCOTT BRUNDAGE
Typed or printed name of signee

FILED
12 JAN -9 AM 11:37
NOTARY OF STATE
TALLAHASSEE, FLORIDA