

L10000131752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

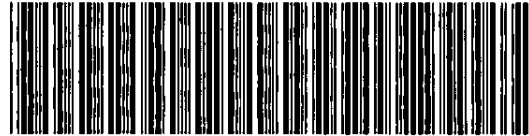
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10000131752 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INSTANTS-167, 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 J COX**

Name of Person

**ABOUT TIME MANAGEMENT, LLC**

Firm/Company

**707 SAMMS AVE, STE D**

Address

**PORT ORANGE, FL 32129**

City/State and Zip Code

**STEFANI.BROWN@ONEHOURAIR.COM**

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

For further information concerning this matter, please call:

**STEFANI BROWN**

at **386 788-2240**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2014

DAVID J COX  
707 SAMMS AVE STE D  
PORT ORANGE, FL 32129

SUBJECT: INSTANTS-167, LLC  
Ref. Number: L10000131752

We have received your document for INSTANTS-167, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 514A00000925

## INSTANTS-167, LLC

Page 1 of 3

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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14 FEB 3 PM 1:22  
Add  
Remove  
Add

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

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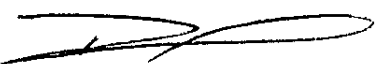
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 1, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

David Cox  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
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TALLAHASSEE, FLORIDA