

L11000010266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

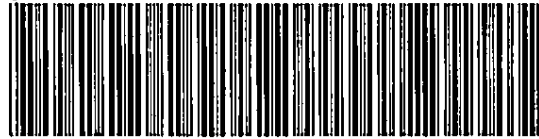
(Business Entity Name)

(Document Number)

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18 JAN -5 AM 12:16

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHEKLEY MANAGEMENT Group, 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:

William L. Taylor

Name of Person

CHEKLEY MANAGEMENT Group, LLC

Firm/Company

87 CUNNINGHAM DRIVE

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

WLTAYLORFL@aol.com

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

For further information concerning this matter, please call:

William L. Taylor

Name of Person

386

at ( )

Area Code

314-5876

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/GOURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF THE  
TALLAHASSEE COUNTY  
JAN - 5 AM 12:14

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>
AMBR	William Taylor	87 Cunningham Drive	<input type="checkbox"/> Add
		New Smyrna Beach, FL <del>32168</del> 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Annette L. Taylor	87 Cunningham Drive	<input type="checkbox"/> Add
		New Smyrna Beach, FL <del>32168</del> 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRET  
TALLAHASSEE  
FLORIDA

18 JAN 19 AM 12 16

E. Effective date, if other than the date of filing: JANUARY 1, 2018 (optional)

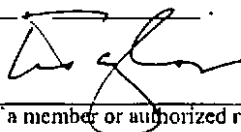
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

29 December 2017



Signature of a member or authorized representative of a member

WILLIAM L. TAYLOR

Typed or printed name of signee