

LI 0000 15900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

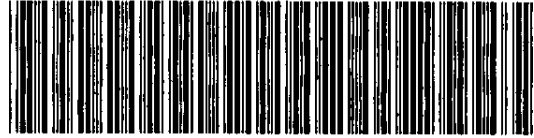
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/16--01011--001 **35.00

FILED
16 MAY 27 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

SHELBY CURTSINGER
5611 S TAMiami TRAIL
SARASOTA, FL 34231

SUBJECT: OLCO, LLC
Ref. Number: L11000015900

We have received your document for OLCO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00010481

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLCO 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:

SHELBY CURTSINGER
Name of Person

OFF LEASE CARS ONLY LLC
Firm/Company

5611 S. TAMiami TRl
Address

SARASOTA FL 34231
City/State and Zip Code

JOANNE@WHEELCHAIRVANSOFFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELBY CURTSINGER at (941) 706 4687
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

OLCO LLC

N/A

Page 1 of 3

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>
MGR	OFF LEASE CARS ONLY LLC	5611 S. Tamiami Trl.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	SHELBY CURTSINGER		<input type="checkbox"/> Add
		5611 S. Tamiami Trl.	<input checked="" type="checkbox"/> Remove
		SARASOTA, FL 34231	<input type="checkbox"/> Change
MEM	DONALD CALDWELL		<input type="checkbox"/> Add
		5611 S. Tamiami Trl.	<input checked="" type="checkbox"/> Remove
		SARASOTA, FL 34231	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

16 MAY 27 AM 7:56
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WASHINGTON, FLORIDA

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 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

5/26/14 20/6

Signature of a member or authorized representative

SKELBY S. CURTSIN BEN
Typed or printed name of signee

Typed or printed name of signee