

L11000040162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

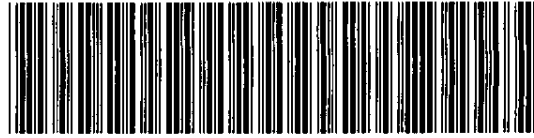
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NO \$ MAY 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORT ST. LUCIE HOME CHECK, 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:

SUSAN BROWN
(Contact Person)

PORT ST. LUCIE HOME CHECK, LLC
(Firm/Company)

8625 TOMPSON PT. RD
(Address)

PT. ST. LUCIE FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN BROWN at (772) 595-5373
(Name of Contact 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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2011

SUSAN BROWN
PORT ST. LUCIE HOME CHECK, LLC
8625 TOMPSON PT. RD
PT ST. LUCIE, FL 34986

SUBJECT: PORT ST. LUCIE HOME CHECK, LLC
Ref. Number: L11000040162

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PORT ST. LUCIE HOME CHECK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 411A00011527

May 5th 2011

To whom it may concern.

I am sending the required forms to remove the managing member of the company Port St. Lucie Home Check, LLC. This is due to a typo and salutation of the name.
I need to add the new managing member as Susan F. Brown

I thank you for your assistance in this matter.

A handwritten signature in cursive script that reads "Susan F. Brown".

Susan F. Brown

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TALLAHASSEE, FLORIDA

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	Hall F Brown	8625 TOMPSON POINT RD PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Susan F Brown	8625 Tompson Point Rd Port St. Lucie, FL 34986	<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

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

Dated _____

Susan F Brown

Signature of a member or authorized representative of a member

Susan F. Brown

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

