

L110000041092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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J. SAULSBERRY  
EXAMINER  
SEP 12 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VOLUNTEER THRIFT STORE 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:

SANDRA GERHARD

Name of Person

VOLUNTEER THRIFT STORE LLC

Firm/Company

12409 N. FLORIDA AVE

Address

DUNNELLON, FLA. 34433

City/State and Zip Code

sgerhard@att.net

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

For further information concerning this matter, please call:

SANDRA GERHARD

Name of Person

at WORK 352-489-0400 or HOME 489-0564

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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VOLUNTEER THRIFT STORE LLC

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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>
MGR	JAMES V. HARLOW	PO Box 207	<input type="checkbox"/> Add
		DUNNELLON, FL. 34430	<input checked="" type="checkbox"/> Remove
MGR	STEPHANIE ROBINSON	P.O. Box 555	<input checked="" type="checkbox"/> Add
		DUNNELLON, FL. 34430	<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 9-05, 2013

Sandra Gerhard

Signature of a member or authorized representative of a member

SANDRA GERHARD

Typed or printed name of signee

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Filing Fee: \$25.00

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OF CALIFORNIA