

L110000043500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

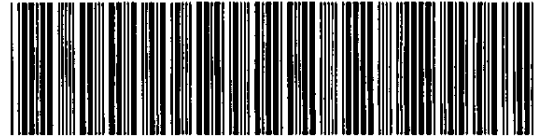
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/06/16--01008--014 **35.00

FILED
16 NOV -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 07 2016

CULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

SDL PROPERTIES, LLC
PO BOX 410106
MELBOURNE, FL 32941

SUBJECT: SDL PROPERTIES, LLC
Ref. Number: L11000043500

RECEIVED
2016 NOV -4 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SDL PROPERTIES, 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 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00021697

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SDL PROPERTIES, 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:

NADEAN C. GREGOR
Name of Person

ATLANTIC NONLAWYER SERVICES, INC.
Firm/Company

1592 N. HWY. A1A
Address

SATELLITE BEACH, FL 32937
City/State and Zip Code

9/51@ATLANTICNONLAWYER.COM
E-mail address: (to be used for future annual report notification).

For further information concerning this matter, please call:

NADEAN C. GREGOR at (321) 773-2020
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

SDL PROPERTIES, LLC

N.A.

N.A

N.A.

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>
<u>MGR</u>	<u>LAFRANCE, SHELLIANNE</u>	<u>P.O. BOX 410106</u>	<input type="checkbox"/> Add
		<u>MELBOURNE, FL 32941</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

N.A.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

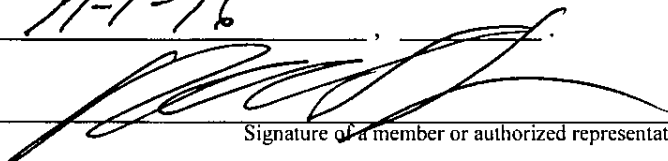
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

11-1-16



Signature of a member or authorized representative of a member

MICHAEL LAFRANCE

Typed or printed name of signee