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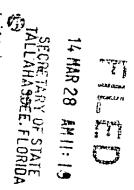
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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**APR** 0 ≥ 2014

## **STATEMENT OF OWNERSHIP**

This certifies that I, Michael P. Heiman, am a member or Managing member of Ian McNab, LLC

I own 10% of the units issued by the Limited Liability

Company listed above.

Affadvit of Applicant: I certify that the information contained herein is true and correct to the best of my knowledge.

Michael P Heimann (Print Name)

(Applicant's Signature)

3-26-2014

(Date)

#### **COVER LETTER**

Division of Corp	orations		
· IÁN MCN			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	IAN MCNAB, LLC		
		Name of Person	
		Firm/Company	
	735 UNITED STREE	ĒΤ	
		Address	
	KEY WEST, FL 3304	40	
	IANMCNAB@LIVE.C	City/State and Zip Code	
For further information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
IAN MCNAB		305 923-3619	
Name of	Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

### TO ARTICLES OF ORGANIZATION OF

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

#### Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> **AMBR ROBERT STORK** 735 UNITED STREET KEY WEST, FL 33040 ■ Remove **AMBR** MICHAEL, P. HEIMANN 735 UNITED STREET ■ Add KEY WEST, FL 33040 ☐ Remove ☐ Add □ Remove ☐ Add \_□ Remove \_□ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00

