

LI 000060441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

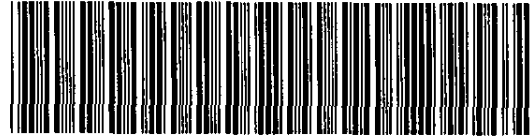
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2013

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5740 WESLEY BROOK DR., 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:

HEIDI J. GOSS

Name of Person

Firm/Company

P. O. BOX 1006

Address

ANNA MARIA, FL 34216

City/State and Zip Code

hjpgossvdm@gmail.com

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

For further information concerning this matter, please call:

HEIDI J. GOSS

Name of Person

813 453-2286

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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5740 WESLEY BROOK DR., LLC

Page 1 of 3

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

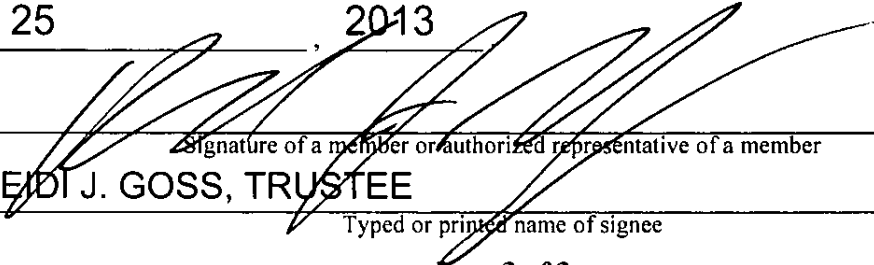
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GOSS, HEIDI J.	408 PINE AVE.	<input type="checkbox"/> Add
		ANNA MARIA, FL 34216	<input checked="" type="checkbox"/> Remove
MGRM	REVOCABLE TRUST OF HEIDI J. GOSS DTD 03/21/2000	408 PINE AVE.	<input checked="" type="checkbox"/> Add
		ANNA MARIA, FL 34216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 25, 2013



Signature of a member or authorized representative of a member
HEIDI J. GOSS, TRUSTEE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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