

L11 000062491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

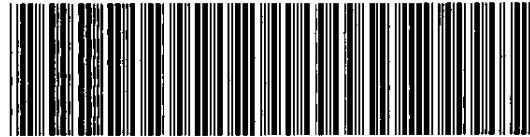
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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 25 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE 5 O'CLOCK FARM, 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:

BRENDA BRAY

Name of Person

BRENDA BRAY, CPA, LLC

Firm/Company

433 SILVER BEACH AVE, SUITE 101

Address

DAYTONA BEACH, FL 32118

City/State and Zip Code

brendabraycpa@yahoo.com

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

For further information concerning this matter, please call:

BRENDA BRAY

Name of Person

at (386) 672-5800

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

THE 5 O'CLOCK FARM, LLC

Page 1 of 2

- 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

Title	Name	Address	Type of Action
MGRM	FREDERICK C. TREADWAY	16225 45 <sup>th</sup> ROAD WELLBORN, FL 32094	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FREDERICK C. TREADWAY TRUST, DATED JANUARY 16, 2008	16225 45 <sup>th</sup> ROAD WELLBORN, FL 32094	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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Dated 7-19-11

*Frederick C. Treadway*

Signature of a member or authorized representative of a member

FREDERICK C. TREADWAY

Typed or printed name of signee