

L10000008913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AUG 22 2012  
L. SELLERS

Office Use Only



900238582789

08/20/12--01016--013 \*\*25.00

FILED  
12 AUG 20 PM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ST.AUGUSTINE VENTURES,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:

JOSIF ATANASOSKI

Name of Person

ST.AUGTINE VENTURES,LLC

Firm/Company

1800 N HWY US 1

Address

ORMOND BEACH FL 32174

City/State and Zip Code

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

For further information concerning this matter, please call:

GENE SCHIAVONE

Name of Person

at ( 386 )

677-8100

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

**ST.AUGUSTINE VENTURES,LLC**

agreed to comply with  
I am familiar with  
Or, if this document  
limited liability  
0 P 19:06  
Registered Agent

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         | JOSIF ATANASOSKI | 1800 N HWY US 1<br>ORMOND BEACH FL 32174           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | WAYNE GOVE       | 595 N. HOMA RD suite 102<br>ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

4/14/12

Signature of a member or authorized representative of a member

JOSIF ATANASOSKI

Typed or printed name of signee