

L11000068913

(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:

Office Use Only



300252751213

10/15/13--01005--003 **25.00

FILED
2013 OCT 15 PM 1:17
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
JENNIFER L. BROWN

OCT 15 2013

T CLINE

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 Augustine Ventures, LLC

Firm/Company

1800 N US HWY 1

Address

Ormond Beach, FL 32174

City/State and Zip Code

ja@micrflexinc.com

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

For further information concerning this matter, please call:

Suzana Petkovska

Name of Person

at (386) 871-1989

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

FILED
2013 OCT 15 PM 1:18
TALLAHASSEE, FL
STATE

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:

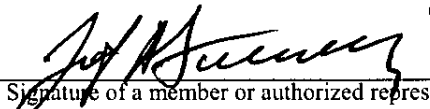
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wayne Gove	880 Airport Rd unit # 105	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<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

2011 OCT 15 PM 1:18
OFFICE OF THE CLERK
STATE OF FLORIDA

D₇ If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated **Oct 10, 2013**



Signature of a member or authorized representative of a member

Josif Atanasoski

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 15 PM 1:18
SECRETARY OF STATE
RECEIVED