

L11 0000 70792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

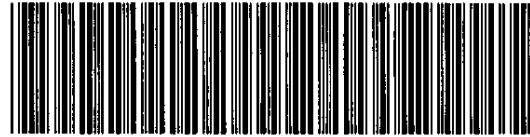
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 18 PM 2:55
FALLS CHURCH, VA
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dogtown USA, 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:

Jill S Atwood

Name of Person

Calhoun & Atwood, LLC

Firm/Company

2730 US1 South, Suite E

Address

St. Augustine, FL 32086

City/State and Zip Code

taxlady2730@live.com

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

For further information concerning this matter, please call:

Jill Atwood

Name of Person

at (904) 797-2884

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

Dogtown USA, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Howe	1517 Perimeter Road	☒ Add
		Suite 527	☐ Remove
		West Palm Beach, FL 33406	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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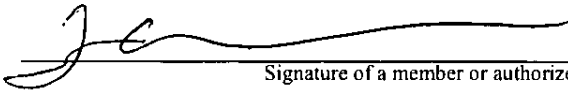
CALLED
 AUG 18 11 21 AM '09
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____



Signature of a member or authorized representative of a member

Frank Charles

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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14 AUG 10 PM 2:55
CLERK OF COURT
JACKSONVILLE, FLORIDA