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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

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Lacrosse, LLC					
Name of Lim	ited Liability Company				
David E. Borack, Esq.					
	Name of Person	····			
Borack Law Group, P.A.					
Borack Law Group, P.A.  Firm/Company  PO Box 915498  Address  Longwood, FL 32791					
PO Box 915498					
	Address				
Longwood, FL 32791					
City/State and Zip Code					
		ification)			
oncerning this matter, please ca	all:				
	407 644-8285				
Person	Area Code Daytin	ne Telephone Number			
e following amount:		•			
□ \$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)			
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  David E. Borack, Esq.  Name of Person  Borack Law Group, P.A.  Firm/Company  PO Box 915498  Address  Longwood, FL 32791  City/State and Zip Code  dborack@boracklawgroup.com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  at (407			

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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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Ronald J. Fuhr	8771 SW 25th Road	
		Gainesville, FL 32608	Remove
			☐ Change
Sec	Angela L. Fuhr	8771 SW 25th Road	Add
		Gainesville, FL 32608	Remove
			Change
Sec	Michelle R. Shassian	817 De La Bosque	<b>=</b> Add
		Longwood, FL 32779	☐ Remove
			Change
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ffec	ive date, if other than the date of filing: (optional) lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
ocur	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of:
ated	April 20, 2018.	

Page 3 of 3

Filing Fee: \$25.00