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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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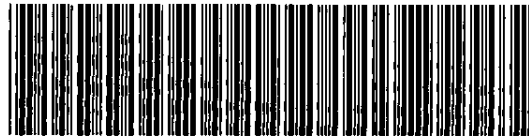
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moonshiner Properties, 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:

Dennis Fahey

Name of Person

Moonshiner Properties, LLC

Firm/Company

4215 Burns Rd

Address

Brooksville, FL 34602

City/State and Zip Code

Broadhollowproperties@gmail.com

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

For further information concerning this matter, please call:

Peter Hodges

Name of Person

at (813) 598-3223

Area Code & Daytime Telephone Number

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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

Moonshiner Properties, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Equity Trust Co Custodian FBO DENNIS C. FAHEY	4215 Burns Rd Brooksville, FL 34602	☐ Add ☒ Remove
Mgr	Equity Trust Co Custodian FBO Jennifer FAHEY	4215 Burns Rd Brooksville, FL 34602	☐ Add ☒ Remove
Mgr	Peter Hodges	PO Box 130883 Tampa, FL 33681-0883	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated

4 October, 2011.

Peter Hodges

Signature of a member or authorized representative of a member

PETER HODGES

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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