

L11000110025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

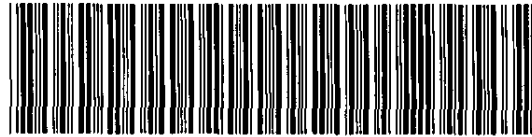
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 JUL 31 PM 2:02
14 JUL 31 PM 2:13
TO AGENCY OF FILING
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 31 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Commercial - Tallahassee, 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:

Margaret D. Whiddon

Name of Person

Southeast Commercial

Firm/Company

4236 William James Way

Address

Tallahassee, FL 32303

City/State and Zip Code

mdwhiddon@gmail.com

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

For further information concerning this matter, please call:

Margaret Whiddon

Name of Person

at (850) 562-6400

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Southeast Commercial - Tallahassee, LLC

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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>
			<input type="checkbox"/> Add
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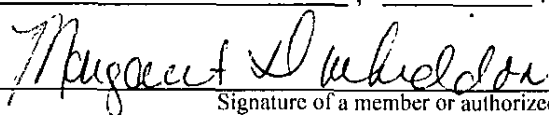
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TALLERSON
RECORDS
APPROVED
FILED

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 July 31, 2014



Signature of a member or authorized representative of a member

Margaret D. Whiddon

Typed or printed name of signee

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Filing Fee: \$25.00

SECRET
TALAMON, SEF, FLORIDA

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ATTACHED
FILED