

L11000111105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

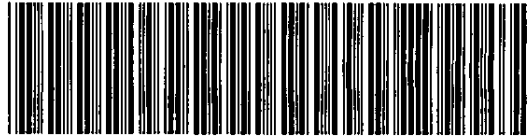
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allied Veterans Property Management, 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:

Curtis Fallgatter

Name of Person

Fallgatter & Catlin, P.A.

Firm/Company

200 East Forsyth Street

Address

Jacksonville, FL 32202

City/State and Zip Code

fallgatterlaw@fallgatterlaw.com

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

For further information concerning this matter, please call:

Rachel Schwerdtfeger

904 353-5800

Name of Person

at (_____) _____
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

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>
MGR	Johnny Duncan	P.O. Box 160939	<input checked="" type="checkbox"/> Add
		Boiling Springs, SC 29316	<input type="checkbox"/> Remove
MGR	Allied Veterans of the World, Inc. + Affiliates	1965 State Road 16	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" 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

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 March 17, 2015

Jerry Bass
Signature of a member or authorized representative of a member
Jerry Bass as President of
typed or printed name of signee
Allied Veterans of the World, Inc. + Affiliates