

L110001176 42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

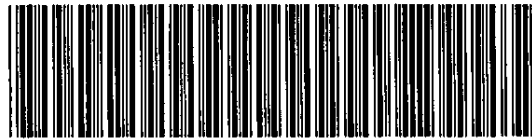
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEC 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sand Dollar Home Watch LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence Swan

Name of Person

Firm/Company

709 Cape Coral Pkwy W

Address

Cape Coral FL 33914

City/State and Zip Code

carakait@gmail.com

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

For further information concerning this matter, please call:

Lindsey Zimmerman

Name of Person

at (239) 770-8281

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

Sand Dollar Home Watch, LLC

THRIVE Yoga & Wellness, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/13/16, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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2018 DEC 16 P 14 35
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TALLAHASSEE, FLORIDA