

# L 11000/19004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 NOV 13 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 15 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Auto Wholesale 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:

Sholdon A Mccalla

Name of Person

Island Auto Wholesale LLC

Firm/Company

731 Interlake Dr

Address

Lakeland FL, 33801

City/State and Zip Code

Islandauto08@gmail.com

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

For further information concerning this matter, please call:

Sholdon A Mccalla

Name of Person

at 863 409-1405

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
rds.)

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGRM	Rowan A Housen	1814 E main St	<input type="checkbox"/> Add
		Lakeland FL, 33801	<input checked="" type="checkbox"/> Remove
MGRM	Veron R Housen	520 Oakleaf Dr	<input type="checkbox"/> Add
		Lakeland FL, 33801	<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. ~~Is~~amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated November, 08, 2012.

Sheldon mcalla

Signature of a member or authorized representative of a member

Sheldon A mcalla

Typed or printed name of signee

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**Filing Fee: \$25.00**