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(Address)

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(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 12 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WHISPERING PINES HUNTING CLUB 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:

HUEY SWIGER
Name of Person

WHISPERING PINES HUNTING CLUB LLC
Firm/Company

5228 ROWE TRAIL
Address

PACE FL 32571
City/State and Zip Code

IMAGE by LEE @ BELL SOUTH . NET OR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IMAGE by LEE @ ATT.NET

DAVID SNELLGROVE at (850) 291-2832
Name of Person MGRM Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
+ 5.00 for
Cert of Status
- ☐ \$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

WHISPERING PINES HUNTING CLUB LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

Title	Name	Address	Type of Action
MGRM	Philip ^{E.} RENFROE	1835 W 9 1/2 MILE RD CANTONMENT, FL 32535	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Michael ROBERTS	3381 STRATFORD LANE PACE, FL 32571	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LOVEL (BUDDY) HAND	4520 HAYES ROAD MILTON, FL 32503	<input checked="" 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.)

N/A

Dated 06 December, 2011

Huey Swager MGR
Signature of a member or authorized representative of a member

HUEY SWAGER
Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE
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