

L11000131517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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T. Birch JUL 3 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Residential Elevators 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:

Erin Ennis

Name of Person

Residential Elevators LLC

Firm/Company

2910 Kerry Forest Pkwy, D4-1

Address

Tallahassee, FL 32309

City/State and Zip Code

eennis@residentialelevators.com

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

For further information concerning this matter, please call:

Erin Ennis

Name of Person

at (

850 906-3056

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2014

ERIN ENNIS
2910 KERYY FOREST PKWY D4-1
TALLAHASSEE, FL 32309

SUBJECT: RESIDENTIAL ELEVATORS, LLC
Ref. Number: L11000131517

We have received your document for RESIDENTIAL ELEVATORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 714A00013698

Residential Elevators LLC

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>
VP	James S. Hawley	2910 Kerry Forest Parkway	<input type="checkbox"/> Add
		D4-1	<input checked="" type="checkbox"/> Remove
		Tallahassee, FL 32309	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

14 JUN -3 11 15
TALLAHASSEE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change Title of Eric M. Sharkey to President.

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 June 17, 2014



Signature of a member or authorized representative of a member

Erin Ennis, Vice President & Secretary

Typed or printed name of signee

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Filing Fee: \$25.00

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14 JUL -3 PM 1:45
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