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**TO: Registration Section
Division of Corporations**

SUBJECT: Haddonbrook Associates, 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:

Iva Samost
Name of Person
Haddonbrook Associates, LLC
Firm/Company
PO Box 130
Address
West Berlin, NJ 08091
City/State and Zip Code
samprop@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iva Samost at **(856) 768-9100**
Name of Person 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

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	Christine Beikman	2340 Edward Road	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
MGR	Joseph Samost	230 Cooper Road	<input checked="" type="checkbox"/> Add
		West Berlin, NJ 08091	<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
			<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 August 28, 2014



Signature of a member or authorized representative of a member

Iva Samost

Typed or printed name of signee

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