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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA
Sec. of State

B. BOSTICK
JUN - 7 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CE WHALEY 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:

Keith Whaley

Name of Person

Firm/Company

2790 Indianola Road

Address

St. Cloud FL 34772

City/State and Zip Code

agra0214@gmail.com

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

For further information concerning this matter, please call:

Keith Whaley

Name of Person

at 407, 709-0708

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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CE Whaley Ranch LLC

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|--|--|
| MGRM | Keith Whaley | 2790 Indianola Rd St. Cloud Florida 34772 | <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 |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

12 JUN -6 PM 1:27
CLAY COUNTY FLORIDA

Dated May 29, 2012

Keith Whaley
Signature of a member or authorized representative of a member

Keith Whaley
Typed or printed name of signee