

L12000011680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

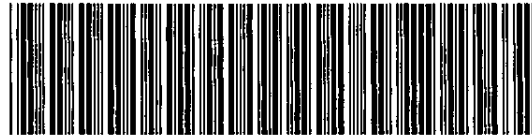
(Business Entity Name)

(Document Number)

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2012 NOV 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 16 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LISA'S Mobile Home Movers and Installers 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:

LISA M. FASNACHT
Name of Person

LISA'S Mobile Home Movers and Installers LLC.
Firm/Company

1500 MARINA BAY BLVD.
Address

FORT PIERCE FL 34949
City/State and Zip Code

Get Outside and Do Something @ B.MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA FASNACHT at (772) 216-2110
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Liz's Mobile Home Movers and Installers LLC
(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>
VP	Lisa F. St. John	1500 Mariner Bay Blvd	<input checked="" type="checkbox"/> Add
		Fort Pierce Fl 34949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 NOV 15 AM 8:12

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

Dated 11/01/12, _____.

[Handwritten Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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