

LI 2000029313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900235047249

05/15/12--01018--003 **25.00

FILED
12 MAY 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 16 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Granite Hill Holdings 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:

Serene Syer

Name of Person

Firm/Company

Po Box 1300

Address

Alachua, FL 32616

City/State and Zip Code

sssyer@gmail.com

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

For further information concerning this matter, please call:

Serene Syer

Name of Person

at (352)

505-1241

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

FILED
12 MAY 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRANITE HILL HOLDINGS 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	Michael Harris	Po Box 118 Hollis NH 03049	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Harris Michael	Po Box 118 Hollis NH 03049	<input type="checkbox"/> Add <input checked="" 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.)

Dated May 15th, 2012

Signature of a member or authorized representative of a member
Serene Syer
Typed or printed name of signee

12 MAY 15 AM 11:56
TALLAHASSEE, FLORIDA