

L12000056656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2013
J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caretaker Trust 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:

John lum

Name of Person

Firm/Company

1501 s dale mabry hwy

Address

Tampa, fl 33629

City/State and Zip Code

Johnlum@live.com

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

For further information concerning this matter, please call:

John lum

Name of Person

813 610-6666

at ()

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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_____ and assigned

(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:

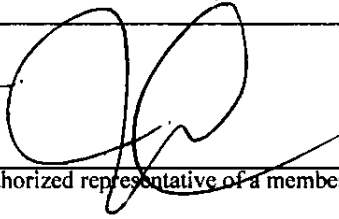
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raechel Sweeney	1040 Bayview drive suite 610	☐ Add
		Fort Lauderdale, fl 33304	☒ Remove
MGR	John Lum	1501 S. Dale Mabry Hwy	☒ Add
		Suite A-1	☐ Remove
		Tampa, Fl 33629	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 Add
 Remove

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

Dated _____,



Signature of a member or authorized representative of a member

John Lum

Typed or printed name of signee

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Filing Fee: \$25.00

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