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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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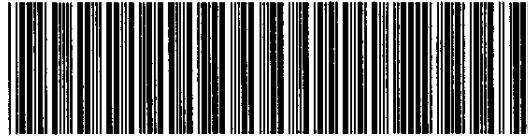
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LALLIE MARIE 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:

MARY BETH MCMANUS

Name of Person

STONEBRIDGE WEALTH MANAGEMENT, INC

Firm/Company

13700 US HIGHWAY 1 #102

Address

JUNO BEACH, FL 33408

City/State and Zip Code

MARYBETH@ST-WM.COM

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

For further information concerning this matter, please call:

MARY BETH MCMANUS

at (**561**) **310-4621**

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

LALLIE MARIE HOLDINGS, LLC

Page 1 of 3

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>
LALLIE	MARY BETH MCMANUS	13700 US HIGHWAY 1 #102	<input type="checkbox"/> Add
		JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Remove
MGRM	LALLIE MCMANUS	4501 SE HEARTWOOD TR	<input checked="" type="checkbox"/> Add
		STUART, FL 34997	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 FEBRUARY 11 2015

W. C. [Signature]

MARY BETH MCMANUS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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