

L12000161549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

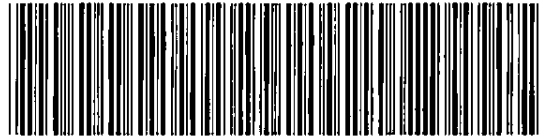
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/24--01024--010 **25.00

05/03/24 13:13

R. HUNT

05/03/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cedar Key Dock, 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 McPherson

Name of Person

Firm/Company

P.O. Box 921

Address

Cedar Key FL 32625

City/State and Zip Code

jkmcperson316@gmail.com

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

For further information concerning this matter, please call:

John McPherson

352 317-7431
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	John K McPherson	P.O. Box 921	<input type="checkbox"/> Add
		Cedar Key FL 32625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chad Vogelheim	1444 Fairwood Drive	<input checked="" type="checkbox"/> Add
		Traverse City MI 49696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kendra Vogelheim	1444 Fairwood Drive	<input checked="" type="checkbox"/> Add
		Traverse City MI 49696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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PII: 13

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 29, 2024


Signature of a member or authorized representative of a member

John K McPherson

Typed or printed name of signee

Filing Fee: \$25.00