

L13000052561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

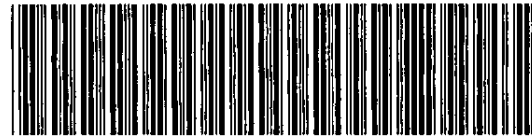
(Document Number)

Certified Copies _____ Certificates of Status _____

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NE Amend

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09/03/13--01042--013 **25.00

2013 SEP -3 AM 8:32
STATE

J. SAULSBERRY
EXAMINER
SEP 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heron Lagoon Studio, 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:

Rick McCarthy

Name of Person

Lanese & Associates CPAs

Firm/Company

107 South Osprey Avenue

Address

Sarasota, FL 34236

City/State and Zip Code

rmccarthy@lanese-cpa.com

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

For further information concerning this matter, please call:

Rick McCarthy

Name of Person

at (941) 953-4585

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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Heron Lagoon Studio, LLC

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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:

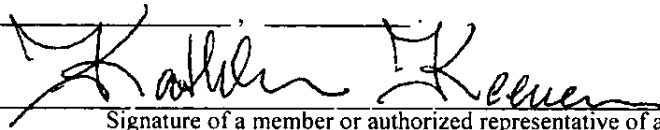
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> 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

Kathleen Keenan MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2013 SEP -3 AM 8:32
CLERK OF COURT
JULIA A. BROWN