

L13000056100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

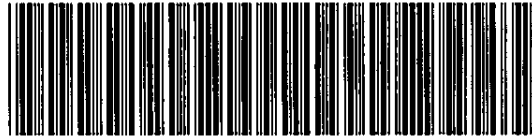
(Business Entity Name)

(Document Number)

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MAR 17 PM 2:20

J. Shivers MAR 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALBUM COVER COMPANY 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:

JAMES SHELDON

Name of Person

ALBUM COVER COMPANY LLC

Firm/Company

14050 SW 74TH STREET

Address

MIAMI, FL 33183

City/State and Zip Code

JWSHELDON1@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES SHELDON

305 764-1115
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
MGRM	ONE IN THE CHAMBER L LC	14050 SW 74TH STREET	☐ Add
		MIAMI, FL 33183	☒ Remove
MGRM	J.W. SHELDON LLC	14050 SW 74TH STREET	☒ Add
		MIAMI, FL 33183	☐ Remove
			☐ Add
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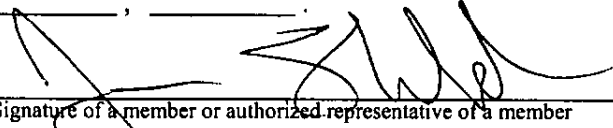
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MAY 17 2017
CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

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 MARCH 14, 2014



Signature of a member or authorized representative of a member

JAMES SHELDON

Typed or printed name of signee

Text

16 MAR 17 PM 2:10
TALLAHASSEE, FLORIDA