

✓
L13000097735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

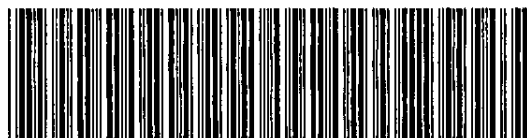
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 SEP 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 24 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Moon 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:

Name of Person

Full Moon Holdings, LLC

Firm/Company

P.O. 100335

Address

Cape Coral FL 33910

City/State and Zip Code

m.kalabokis@caoral.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Moore

Name of Person

at (239) 542-2558

Area Code & Daytime Telephone Number

RECEIVED
TALLAHASSEE, FLORIDA

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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 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>
MGRM	MTM Great Rentals, LLC	1411 SE 47th Street. Ste. 8	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
MGR	MTM Great Rentals, LLC	1411 SE 47th Street. Ste. 8	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2018 SEP 23

PM 12:41

2018 SEP 23

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2018 SEP 23

PM 12:41

2018 SEP 23

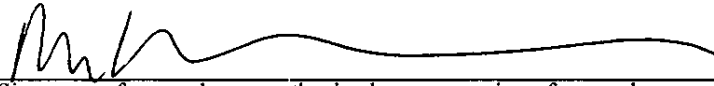
PM 12:41

2018 SEP 23

PM 12:41

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

Mary Kalabokis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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