

L13000065107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUN 28 2013  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hines/Irvin Development 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:

Tommy D. Permenter, Jr., Esq.

Name of Person

The Permenter Law Firm, P.A.

Firm/Company

2201 S.E. 30th Avenue, Suite 202

Address

Ocala, Florida 34471

City/State and Zip Code

tommy@permenterlaw.com

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

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esq. at ( 352 ) 622-1811

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

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## 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>
MGR	Mark M. Irvin	16850 S. Hwy 441	<input type="checkbox"/> Add
		Suite 304	<input checked="" type="checkbox"/> Remove
		Summerfield, FL 34491	
MGR	Thomas S. Hines	16910 S. Hwy 441, #206	<input checked="" type="checkbox"/> Add
		Summerfield, FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STACY L. HARRIS  
1911 N. STATE ST. SUITE 203A  
2013 JUN 27 AM 11:26  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated June 21, 2013.

Th S Hines

Signature of a member or authorized representative of a member

Thomas S. Hines

Typed or printed name of signee

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Filing Fee: \$25.00

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