

L170000 75769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

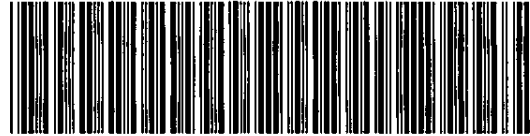
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB -2 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED FEB 10 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Sunshine Enterprises 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:

Randel Richmond

Name of Person

Firm/Company

2203 Curry Ford Road

Address

Orlando FL 32806

City/State and Zip Code

PartyPods.com

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

For further information concerning this matter, please call:

Randel Richmond

Name of Person

at (407) 808 0091

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

Florida Sunshine Enterprises LLC

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At the end of the Manager 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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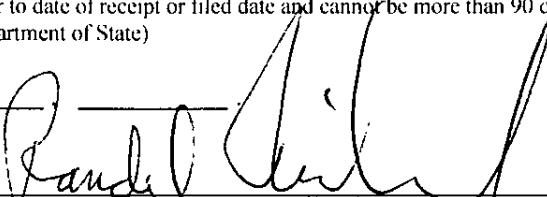
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

By amending my prior information, I am changing my report (attach additional sheets, if necessary):

E. Effective date, if other than the date of filing: 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 01 28 2015



Signature of a member or authorized representative of a member

Randel Richmond

Typed or printed name of signee

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Filing Fee: \$25.00

15 FEB - 2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA