

L13000086294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300249260213

07/01/13--01025--009 **25.00

FILED

2013 JUL -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 2 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAIN STREET JEWELRY AND LOAN, 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:

MARC SCHNOLL, CPA

Name of Person

SEXTON & SCHNOLL, CPAS

Firm/Company

4432 NW 23RD AVE STE. 8

Address

GAINESVILLE FL 32606

City/State and Zip Code

MARC@SEXTONANDSCHNOLL.COM

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

FILED
2013 JUL -1 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARC SCHNOLL

Name of Person

at (**352**) **336-1001**

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

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:

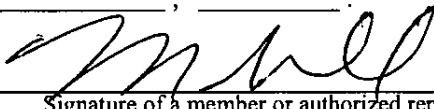
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CODY WEST	137 WALL LAKE TRAIL	<input checked="" type="checkbox"/> Add
		MELROSE FL 32666	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2013 JUL -1 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 27TH, 2013



Signature of a member or authorized representative of a member

MARC SCHNOLL, CPA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL - 1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA