

L13000094100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

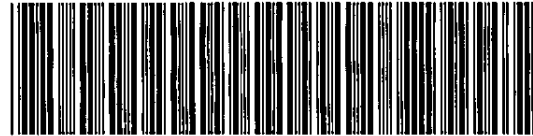
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE STAR PARTNERS, 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:

ROBERT P. SALTSMAN

Name of Person

Robert P. Saltsman & Associates

Firm/Company

P.O. Box 2146

Address

Winter Park, FL 32790-2146

City/State and Zip Code

bob@saltsmanpa.com

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

For further information concerning this matter, please call:

Nancy J. Calhoun

at (407) 647-2899

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
Chfton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
<u>MGR</u>	<u>Tombstone Capital Partners, LLC</u>	<u>P.O. Box 2146</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Park, FL 32790-2146</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Harry H. Falk</u>	<u>222 S. PENNSYLVANIA AVENUE, SUITE 200</u>	<input type="checkbox"/> Add
		<u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Dell Avery</u>	<u>222 S. PENNSYLVANIA AVENUE, SUITE 200</u>	<input type="checkbox"/> Add
		<u>Winter Park, FL 32789</u>	<input checked="" 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

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 February 18, 2014



Signature of a member or authorized representative of a member

ROBERT P. SALTSMAN

Typed or printed name of signee