

L13000094597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

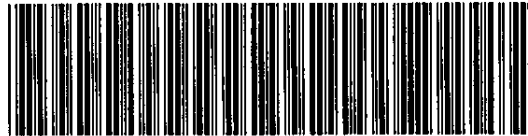
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/06/15--01003--012 \*\*25.00

FILED  
2015 OCT 16 P 3:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

OCT 19 2015

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2015

TENILLE N. HOSTEN  
3500 POWERLINE ROAD  
OAKLAND PARK, FL 33309

SUBJECT: NIL & ALAN LLC  
Ref. Number: L13000094597

We have received your document for NIL & ALAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P05000123201 N.I.L.A. INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 115A00021186

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NIL & ALAN, 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:

Tenille N. Hosten

\_\_\_\_\_  
Name of Person

Tax Freedom Alliance

\_\_\_\_\_  
Firm/Company

3500 Powerline Road

\_\_\_\_\_  
Address

Oakland Park, FL 33309

\_\_\_\_\_  
City/State and Zip Code

tenille@taxfreedomalliance.com

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

For further information concerning this matter, please call:

Tenille N. Hosten

954 972-3004  
at ( )

\_\_\_\_\_  
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

at the limited liability

OCT 16 11 3:13

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
DIVISION OF REVENUE

of New Registered Agents

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Alan R. Lewis	1600 McMahon Rd., Unit 1613	<input type="checkbox"/> Add
		Wheaton, MD 20902	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nil A. Lewis	925 E. Commercial Blvd.	<input type="checkbox"/> Add
		Oakland Park, FL 33334	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2015 OCT 16 P 3:13  
NOT RECORDED  
STATE OF FLORIDA

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

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Dated**

10/2/15

W. A. Lind

Signature of a member or authorized representative of a member.

# Nil A. Lewis

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**