

L130000104695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

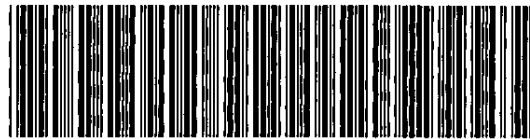
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 SEP - 9 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP - 9 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Jordan Taylor Group, 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:

Caitlan Sherman

Name of Person

Jordan Taylor Group, LLC

Firm/Company

450-106 SR-13 #438

Address

St. Johns, Florida 32259

City/State and Zip Code

seejaysherms@aol.com

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

For further information concerning this matter, please call:

Caitlan Sherman

Name of Person

904 687-4761

at ()

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 DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

CAITLANSHERMAN
450-106 SR 13 #438
ST. JOHNS, FL 32259

SUBJECT: JORDAN TAYLOR GROUP, LLC
Ref. Number: L13000104695

We have received your document for JORDAN TAYLOR GROUP, 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):

You must list the New Registered Agents name and that person must sign.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 914A00019090

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

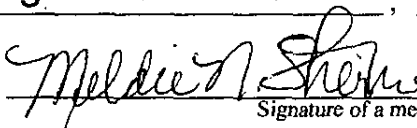
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Caitlan Sherman	450-106 SR 13 N	<input checked="" type="checkbox"/> Add
		#438	<input type="checkbox"/> Remove
		St. Johns, FL 32259	
AMBR	John Wilkerson	450-106 SR 13 N #	<input checked="" type="checkbox"/> Add
		#438	<input type="checkbox"/> Remove
		St. Johns, FL 32259	
MGR	Meldie N. Sherman	450-106 SR 13N	<input type="checkbox"/> Add
		Jacksonville, FL 32259	<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 August 28, 2014



Signature of a member or authorized representative of a member

Meldie N. Sherman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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