

L13000128256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

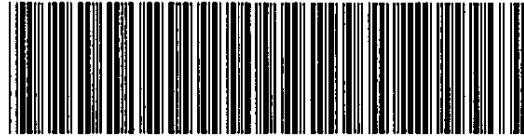
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700258827087

04/16/14--01010--009 **25.00

2014/04/15 10:14:59

FILED

B. BOSTICK
APR 18 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ASSET CAPITAL INVESTMENT 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:

Harald Loidl

Name of Person

Asset Capital Investment

Firm/Company

606 Gerald Ave.

Address

Lehigh Acres

City/State and Zip Code

hwloidl@gmail.com

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

For further information concerning this matter, please call:

Harald Loidl

Name of Person

at **(239) 2238975**

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

Asset Capital Investment, LLC

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

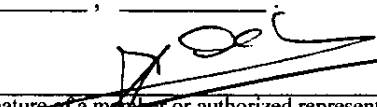
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Harald Loidl	606 Gerald Avenue,# 113 Lehigh Acres, FL 33936	☒ Add
			☐ Remove
MGR	Joseph W Loidl	606 Gerald Avenue#113 Lehigh Acres,FL 33936	☐ Add
			☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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 04/11/2014



Signature of a member or authorized representative of a member

Harald Loidl

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2014 JUL 16 P 4:59
TALLAHASSEE, FL