

L13000147975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

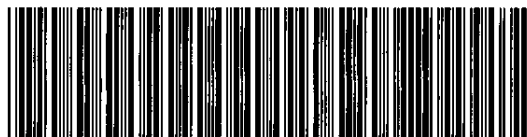
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 11 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Category-5
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:

James RoseNE
Name of Person

Category-5
Firm/Company

3123 E. 4th Ave
Address

Tampa, FL 33604
City/State and Zip Code

James@category-5.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James RoseNE at (813) 240-9165
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Rose ne	3123 E. 4th Ave. Tampa, FL 33604	<input checked="" type="checkbox"/> Add - keep. I am presently MGR <input type="checkbox"/> Remove

MGR Margaret Mariani same ☒ Add ☐ Remove

MGR Cindy Haynes same ☒ Add ☐ Remove

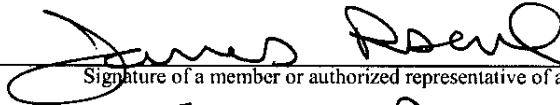
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Ad Remove
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Ad Remove

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 1/29, 2014.



Signature of a member or authorized representative of a member

James Rose

Typed or printed name of signee

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TALLAHASSEE, FLORIDA