

LB000158049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

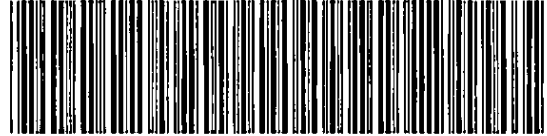
(Business Entity Name)

(Document Number)

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2018 JUL 16 AM 10:21

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165  
07/16/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2018

ALAN HARDY  
3377 MARINER BLVD  
SPRING HILL, FL 34609 US

SUBJECT: RMS TRINITY, LLC  
Ref. Number: L13000158049

We have received your document for RMS TRINITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION AMENDMENT, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 318A00013846

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RMS Trinty, 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:

ALAN HARDY

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

RE/MAX MARKTING SPECIALISTS

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

3377 MARINER BLVD

\_\_\_\_\_  
Address

SPRING HILL FL34609

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

ALAN@HARDYREALTOR.COM

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

For further information concerning this matter, please call:

JOHN RURKOWSKI

727 789-5555  
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

## RMS TRINITY LLC

Page 1 of 3

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	JOHN RURKOWSKI	4175 WOODLANDS PARKWAY	<input checked="" type="checkbox"/> Add
		PALM HARBOR FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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JUL 16 AM 10:31  
TALLAHASSEE, FLORIDA

2018 JUL 16 AM 10:21  
ST. LOUIS, MO  
ALAHASSE, FL 32810

2018 JUL 16 AM 10:21  
ALLAHABAD

**FILED**

(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.

Dated 7/11 2018

Shane Hardy

Signature of a member or authorized representative of a member

ALAN HARDY

Typed or printed name of signee