

L13000175947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

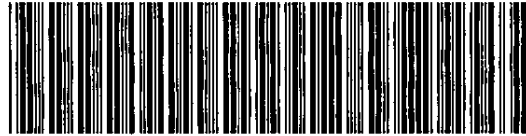
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. DOSTICK

OCT 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family First Sweeping and Maintenance, 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:

James Robertson
Name of Person

Family First Sweeping and Maintenance, LLC
Firm/Company

22961 BRANDON Rd.
Address

Lawtey, FL 32058
City/State and Zip Code

FamilyFirstSweeping@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Robertson at (352) 260-5302 352-
Name of Person Area Code Daytime Telephone Number

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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

Family First Sweeping and Maintenance, 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>
AMBR	Michele Robertson	22961 Brandon Rd.	<input checked="" type="checkbox"/> Add
		Lawtey, FL 32054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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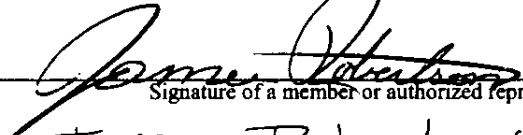
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 October 10, 2014.



Signature of a member or authorized representative of a member
JAMES ROBERTSON

Typed or printed name of signee

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