

L14000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 MAY 16 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: marson management 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:

mark Alhadeff  
Name of Person

The Alhadeff Law Group, P.L.  
Firm/Company

3050 Biscayne Blvd. PH 1  
Address

Miami, Florida 33137  
City/State and Zip Code

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

For further information concerning this matter, please call:

MARK Alhadeff at (786) 618-9703  
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

marson Management, LLC

Marson Development LLC

Page 1 of 3

14 MAY 16 AM 9:39  
SECTION 101 STATE  
TALLAHASSEE, FLORIDA  
Zip Code

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SEAL  
MAY 16 AM 9:30  
STATE OF FLORIDA  
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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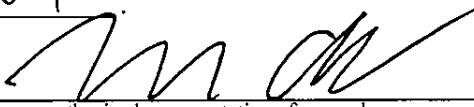
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 5/14/, 2014



Signature of a member or authorized representative of a member

Mark Alhadeff att-in fact

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 16 AM 9:39  
STONY LANE STATE  
TALLAHASSEE, FLORIDA