

L14 0000 02321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

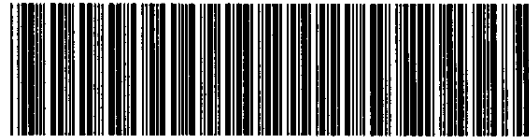
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/14--01006--006 **25.00

14 JUL 22 AM 11:34
U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, DC 20503

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: southern comfort manor bed and breakfast, 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:

ann-marie harris

Name of Person

southern comfort manor bed and breakfast, llc

Firm/Company

18002 richmond place drive, #1127

Address

tampa, fl 33647

City/State and Zip Code

annieone2@msn.com

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

For further information concerning this matter, please call:

ann-marie harris

Name of Person

813 4426235

at ()
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

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

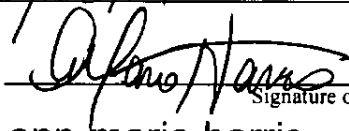
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	ann-marie harris	18002 richmond place drive	☐ Add
		# 1127	☐ Remove
		tampa, fl 33647	
MGR	Michael Dummer	930 Symphony Isles Blvd	☒ Add
		Apollo Beach, FL 33572	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ 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 7/23/14, _____



Signature of a member or authorized representative of a member

ann-marie harris

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 JUL 2014 11:36