

L14000006693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

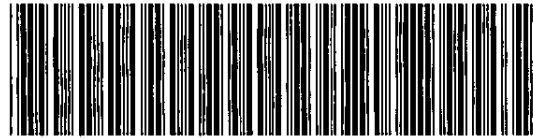
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500252862175

01/23/14--01026--011 \*\*60.00

FILED

2014 JAN 23 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 28 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: High Acres Group, 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:

**Michael J. McGorty**

Name of Person

Firm/Company

**5 High Acres Road**

Address

**Brookfield, CT 06804**

City/State and Zip Code

**jam52288@charter.net**

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

For further information concerning this matter, please call:

**Mike McGorty**

Name of Person

at ( **203** ) **775-8537**

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>
<u>Mgr</u>	<u>Michael J McGorty Sr.</u>	<u>5 High Acres Road</u>	<input checked="" type="checkbox"/> Add
		<u>Brookfield, CT 06804</u>	<input type="checkbox"/> Remove

<u>AMBR</u>	<u>Judy McGorty</u>	<u>5 High Acres Road</u>	<input checked="" type="checkbox"/> Add
		<u>Brookfield, CT 06804</u>	<input type="checkbox"/> Remove

<u>AP</u>	<u>Michael J McGorty Jr.</u>	<u>5 High Acres Road</u>	<input type="checkbox"/> Add
		<u>Brookfield, CT 06804</u>	<input checked="" type="checkbox"/> Remove

<u>AP</u>	<u>Steven A McGorty</u>	<u>5 High Acres Road</u>	<input type="checkbox"/> Add
		<u>Brookfield, CT 06804</u>	<input checked="" type="checkbox"/> Remove

<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove

2014 JAN 23 PM 3:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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

---

---

---

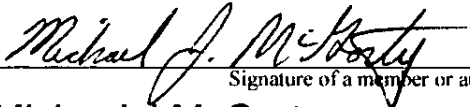
---

---

**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 January 21, 2014



Signature of a member or authorized representative of a member

Michael J McGorty

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2014 JAN 23 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA