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TALLAHASSEE, FLORIDA

MAY - 6 2014

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANA Insurance Agency, 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:

Ana T. Ray

Name of Person

ANA Insurance Agency, LLC

Firm/Company

13109 Kings Crossing Dr

Address

Gibson, FL 33534

City/State and Zip Code

anatray2013@yahoo.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ana T. Ray

Name of Person

813 677-8612

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

ANA Insurance Agency, 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>
MGR	Robert A Pattinson	13109 Kings Crossing Dr	<input type="checkbox"/> Add

☐ Remove

MGR	Ana T Ray	13109 Kings Crossing Dr	<input type="checkbox"/> Add
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☐ Remove

AMBR	Robert A Pattinson	13109 Kings Crossing Dr	<input type="checkbox"/> Add
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☐ Remove

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

☐ Add

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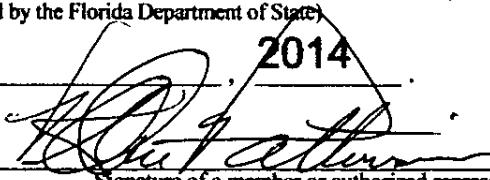
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 **04/18**

2014



Signature of a member or authorized representative of a member

R. ALLEN PATTINSON

Typed or printed name of signer

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