

L14000042596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

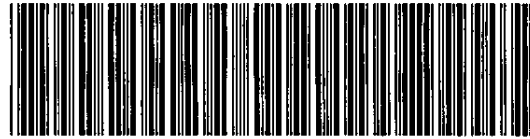
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 22 PM 4:38

FILED

T. Burch AUG 26 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **THE DONALD COMPANIES 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:

Donald F. Light

Name of Person

THE DONALD COMPANIES LLC

Firm/Company

100 Bayview Drive Suite 2116

Address

Sunny Isles Beach FL 33160

City/State and Zip Code

donaldfl1125@hotmail.com

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

For further information concerning this matter, please call:

Donald F. Light

Name of Person

at (**786**) **267-1783**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

THE DONALD COMPANIES 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	Donald F. Light	100 Bayview Drive Suite 2116	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach FL 33160	<input type="checkbox"/> Remove
MGR	PEREZ, IVANIA P	100 Bayview Drive Suite 2116	<input type="checkbox"/> Add
		Sunny Isles Beach FL 33160	<input checked="" type="checkbox"/> Remove
AMBR	Ivania P. Perez	100 Bayview Drive Suite 2116	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

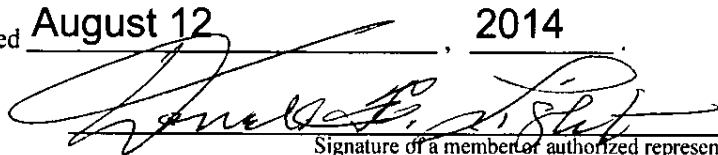
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TALLAHASSEE, FLORIDA

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 August 12, 2014



Signature of a member or authorized representative of a member

Donald F. Light

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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