

L14000043241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

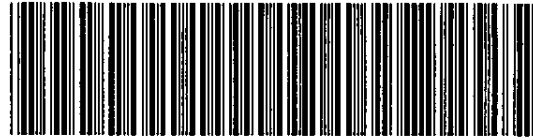
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Charlie's Automotive 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:

Mark Floyd

Name of Person

Charlie's Automotive Group LLC

Firm/Company

1901 S. Header Canal Rd

Address

Fort Pierce, Fl. 34945

City/State and Zip Code

viper2u@msn.com

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

For further information concerning this matter, please call:

Mark Floyd

772 216-7533

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

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TALLAHASSEE, FLORIDA

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>
AR	Edward W. Becht	1901 S HEADER CANAL RD	☐ Add
		Fort Pierce Fl. 34945	☒ Remove
MGRM	Limbo Motors LLC	497 SW SOUTHWOOD TRAIL	☐ Add
		Stuart, Fl. 34997	☒ Remove
MGR	John R. Therrien	2566 SE Hamden Rd	☒ Add
		Port St. Lucie, Fl. 34952	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

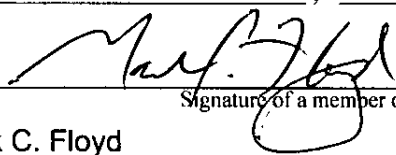
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 November 24, 2014



Signature of a member or authorized representative of a member

Mark C. Floyd

Typed or printed name of signee

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