

L14000044331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

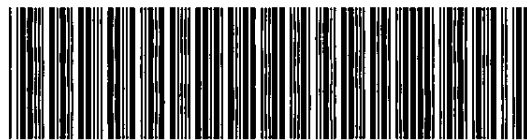
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JULIA M. ROSS
JULIA M. ROSS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER AUTOMOTIVE SOURCE 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:

NOLAN HILL

Name of Person

Firm/Company

10135 GATE PARKWAY N UNIT 1908

Address

JACKSONVILLE FL 32246

City/State and Zip Code

NHILL77@AOL.COM

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

For further information concerning this matter, please call:

NOLAN HILL

Name of Person

904 382-7230

at ()
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

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PREMIER AUTOMOTIVE SOURCE LLC

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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	NOLAN HILL	10135 GATE PARKWAY N UNIT 1908	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32246	<input type="checkbox"/> Remove
CPA	FISCHER & ASSOCIATES ACCOUNTING	3430 KORI RD	<input type="checkbox"/> Add
		JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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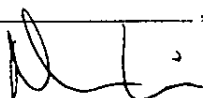
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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 MAY 23, 2014



Signature of a member or authorized representative of a member

NOLAN HILL

Typed or printed name of signee

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Filing Fee: \$25.00

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MAY 27 2014
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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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