

L 14000044331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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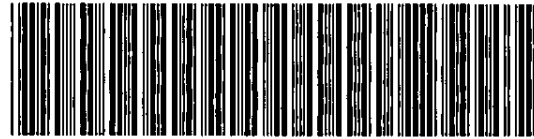
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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 L. Hill

Name of Person

Premier Automotive Source, LLC

Firm/Company

3075 Leon Road Ste 6

Address

Jacksonville, Florida 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 L. Hill

Name of Person

at **(904) 382-7230**

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

Premier Automotive Source, LLC

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MGR = Manager
AMBR = Authorized Member

☐ Remove

☐ Add

☐ Remove

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

Manger, Nolan Hill (Need to add middle initial (L))

Need to correct to read: NOLAN L. HILL

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 06/23, 2014


Signature of a member or authorized representative of a member

Nolan L. Hill

Typed or printed name of signee

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Filing Fee: \$25.00

14 JUN 24 PM 1:05
STATE OF FLORIDA
JALLA PEECEY