

L14000058691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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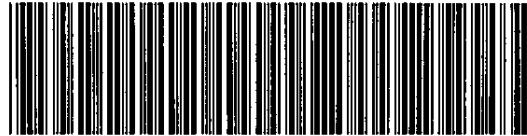
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 10 2014

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SDG and associates**

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:

Chris Shoaf

Name of Person

SDG and Associates

Firm/Company

835 sw tamarrow place

Address

stuart, FL 34997

City/State and Zip Code

sdgaa14@gmail.com

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

For further information concerning this matter, please call:

CHRIS SHOAF

Name of Person

at **(772) 373 5033**

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

SDG and Associates LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

_____ ☐ Add

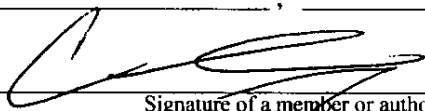
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 August 31, 2014



Signature of a member or authorized representative of a member
CHRIS SHOAF

Typed or printed name of signer

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