

L14 0000 64185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

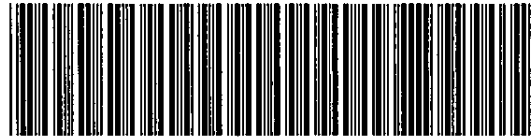
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900268269269

01/13/15--01028--010 **\$0.00

15 JAN 13 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CA&DT 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:

Shelley Brown, President

Name of Person

CA&DT LLC.

Firm/Company

2138 Van Buren Street #606

Address

Hollywood, FL 33020

City/State and Zip Code

cadt@cadtraining.com

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

For further information concerning this matter, please call:

Shelley Brown

954 909-7430

Name of Person

at (_____) _____
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

CA&DT 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	Shelley Brown	2138 Van Buren Street #606	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
MGR	LaTasha Brown	2098 SW 185th Ave.	<input checked="" type="checkbox"/> Add
		Miramar, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

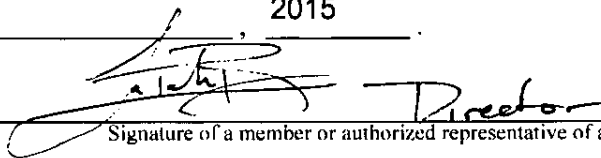
SECRETARY OF STATE
JAN 3 AM 10:49
TALLAHASSEE, FLORIDA

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 January 9th, 2015

 Director

Signature of a member or authorized representative of a member

LaTasha Brown, Director

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN 13 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA