

L14000066222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

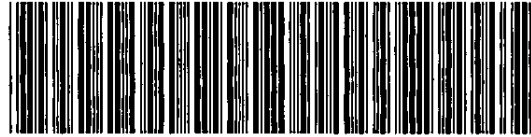
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1 Court

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSA WISER REAL ESTATE 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:

CRYSTAL P WISER

Name of Person

CSA WISER REAL ESTATE LLC

Firm/Company

1905 PHILLIPS ROAD

Address

LABELLE, FL. 33935

City/State and Zip Code

thewiserteam@hotmail.com

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

For further information concerning this matter, please call:

CRYSTAL P WISER

Name of Person

at **239 405-0420**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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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TALLAHASSEE, FL 32301

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CSA WISER REAL ESTATE 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	AUSTIN B WISER	1905 PHILLIPS ROAD	<input checked="" type="checkbox"/> Add
		LABELLE, FL. 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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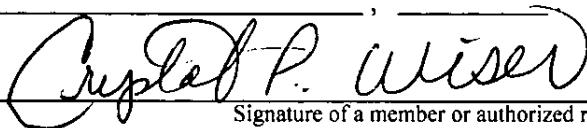
2014 MAY 2 PM 03
OFFICE OF THE
CLERK OF THE
CITY OF TAMPA

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 MAY 21, 2014



Signature of a member or authorized representative of a member

CRYSTAL P WISER

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA