

L14000074758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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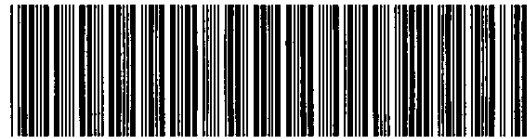
(Business Entity Name)

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SEP 11 2014  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SACRED SANCTUARY, 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:

ROBERT M. KEEFE, JR  
Name of Person

SACRED SANCTUARY  
Firm/Company

512 SE 37<sup>th</sup> TERRACE  
Address

OKEECHOBEE, FL 34974  
City/State and Zip Code

ROBERT.M.KEEFE@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT M. KEEFE, JR at (863) 610 3065  
Name of Person 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

SACRED SANCTUARY, 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	Bianca K. Keefe	512 SE 37 <sup>th</sup> Terr.	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34974	<input type="checkbox"/> Remove
MGR	Robert M. Keefe, Jr.	512 SE 37 <sup>th</sup> Terr.	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34974	<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

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

FEI/EIN: 46-5609043

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 SEPTEMBER 2<sup>nd</sup> 2014

Signature of a member or authorized representative of a member

ROBERT M. KEETE, JR

Typed or printed name of signee

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Filing Fee: \$25.00

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