

L14000090250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

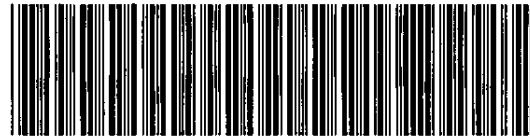
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CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Burek JUN 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSA Group 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:

Glenn E. Cauthren
Name of Person

CSA Group LLC
Firm/Company

7054 SW Wisteria Ter
Address

Palm City, FL 34990
City/State and Zip Code

GeCauthren@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Cauthren at 772 240-6193
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

CSA Group 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>
AMBR	Glenn E Cauthren	7054 SW Wisteria Tee	☒ Add
		Palm City FL 34990	☐ Remove
AMBR	William D Hurst	1515 Pine Hollow Dr.	☒ Add
		Ft Pierce FL 34982	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
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			☐ Remove

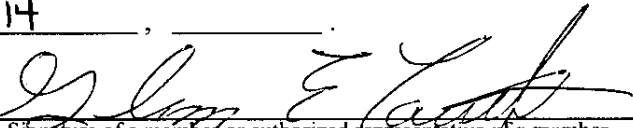
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/13/13 BY SP-5
[Signature]

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 June 9, 2014



Signature of a member or authorized representative of a member

Glenn E Cauthren

Typed or printed name of signee

14 JUN 13 PM 1:35
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA