

L14 000 102778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

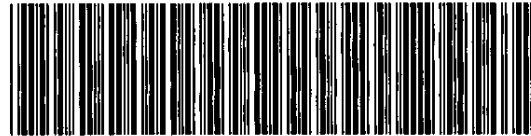
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/30/14--01008--013 \*\*25.00

14 JUN 30 PM 12:44  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **COVENANT YACHT SALES**

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:

**MIKE SUTT**

Name of Person

**COVENANT YACHT SALES**

Firm/Company

**580 N FEDERAL HWY**

Address

**DEERFIELD BEACH, FL 33441**

City/State and Zip Code

**mike@covenantyachtsales.com**

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

For further information concerning this matter, please call:

**MIKE SUTT**

Name of Person

**954 818-9147**

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



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         | RAY PESSEL  | 20929 Ramita Trail   | <input checked="" type="checkbox"/> Add |
|              |             | Boca Raton, FL 33433 | <input type="checkbox"/> Remove         |
|              |             |                      |                                         |
|              |             |                      | <input type="checkbox"/> Add            |
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|              |             |                      |                                         |

14 JUN 2015  
11:45 AM  
TALLAHASSEE, FL 32304  
STATE OF FLORIDA  
SECRETARY OF STATE

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

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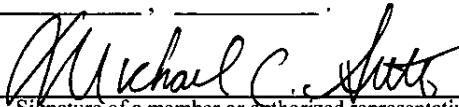
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 27th, 2014



Signature of a member or authorized representative of a member

MICHAEL C. Sutt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 30 PM 12:45  
TALLAHASSEE, FLORIDA