

L14000116206

(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



600279114566

600279114566
11/23/15--01016--015 **25.00

2015 NOV 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
NOV 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAR WASH PROPERTIES, 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:

Michael L. Elion, Esq.

Name of Person

Mart Management, LLC

Firm/Company

2090 Palm Beach Lakes Blvd., STE 701

Address

West Palm Beach, FL 33409

City/State and Zip Code

m.elion@martmanagement.com

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

For further information concerning this matter, please call:

Michael L. Elion, Esq.

561 684-2095
at ()

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

FILED
2015 NOV 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2015 NOV 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE
2015 NOV 23 PM
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
2015 NOV 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 19, 2015.

Mr. Elin, Manager + Member
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

MICHAEL L. ELION
Typed or printed name of signer

Typed or printed name of signee