

L4000136679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

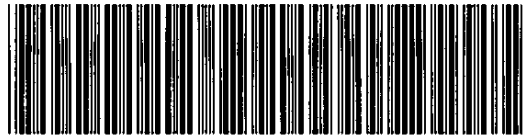
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF SUPERIOR COURT  
TALLAHASSEE FLORIDA

FILED

SEP 12 2014  
J. BRUCE

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Real Smooth Sport Fishing 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:

**James Ingram**

Name of Person

**Reel Smooth Sport Fishing LLC**

Firm/Company

**4122 Library St**

Address

**Port Charlotte FL 33948**

City/State and Zip Code

**ijimhkw@aol.com**

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

For further information concerning this matter, please call:

**James Ingram**

Name of Person

at **312 656-6073**

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

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TALLAHASSEE FLORIDA

**Real Smooth Sport Fishing 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2014 SEP 8 PM 1:39  
 HALL COUNTY CLERK  
 HALL COUNTY FLORIDA

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

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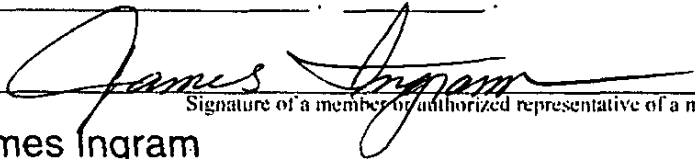
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
James Ingram  
Typed or printed name of signer

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CLERK OF STATE  
TALLAHASSEE FLORIDA