

214000 179108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

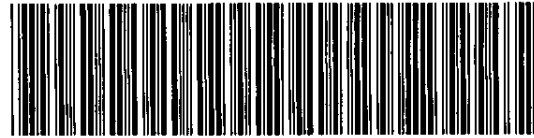
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cheval Golf and Athletic Club
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry King Jr
Name of Person

Cheval Golf & Athletic Club
Firm/Company

4704 NE Bonaventure
Address

Lotz, FL 33558
City/State and Zip Code

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

For further information concerning this matter, please call:

Larry King Jr at (813) 205-1863
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

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>
<u>AP</u>	<u>Michael Sheeks</u>	<u>1660 SPARKING CT</u>	<input type="checkbox"/> Add
		<u>DUNEDIN, FL 34698</u>	<input checked="" type="checkbox"/> Remove
<u>AP</u>	<u>Larry King Jr</u>	<u>4704 AVE BONDEN X</u>	<input checked="" type="checkbox"/> Add
		<u>LUTZ, FL 33558</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 9/15/14, _____



Signature of a member or authorized representative of a member

Lonny King Jr

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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