

L14000145469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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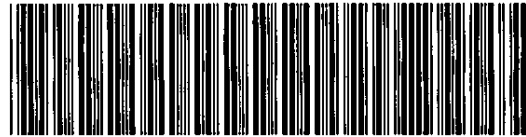
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSG, L.L.C.
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:

Megan Gehl
Name of Person

Firm/Company

P.O. Box 460265
Address

Fort Lauderdale, FL 33346
City/State and Zip Code

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

For further information concerning this matter, please call:

Megan Gehl at (954) 648-8556
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

HSG, L.L.C.

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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	Megan Gehl	1120 SE 6 th Street	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL	<input type="checkbox"/> Remove
		33301	
AMBR	Michael G. Strineka	2100 N.E. 38 th Street	<input checked="" type="checkbox"/> Add
		#217	<input type="checkbox"/> Remove
		Lighthouse Point, FL 33064	
MGR	Gale Force Consultants, LLC	1120 SE 6 th Street	<input type="checkbox"/> Add
		Fort Lauderdale, FL	<input checked="" type="checkbox"/> Remove
		33301	
MGR	Michael G. Strineka	2100 N.E. 38 th Street	<input type="checkbox"/> Add
		#217	<input checked="" type="checkbox"/> Remove
		Lighthouse Point,	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 September 18, 2014.

Megan Gehl
Signature of a member or authorized representative of a member
Megan Gehl
Typed or printed name of signee

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Filing Fee: \$25.00

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