

L14000168055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

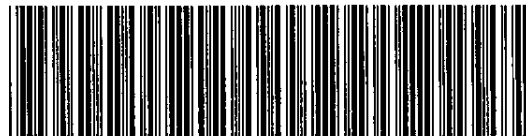
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 100 Lighthouse Drive 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 B. Stevens

Name of Person

Derrevere, Hawkes, BLack & Cozad

Firm/Company

2005 Vista Parkway, Suite 210

Address

West Palm Beach, FL 33411

City/State and Zip Code

mbs@derreverelaw.com

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

For further information concerning this matter, please call:

Michael B. Stevens

561 684-3222
at (_____) _____
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>
MGR	Fredrik Svensson	100 Lighthouse Drive	<input type="checkbox"/> Add
		Jupiter, FL 33469	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fredrik Svensson	100 Lighthouse Drive	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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THE
FEDERAL
BUREAU OF INVESTIGATION

E. Effective date, if other than the date of filing: August 3, 2015 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 3

2015

Signature of a member or authorized representative of a member

Michael B. Stevens

Typed or printed name of signee