

L14000172627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

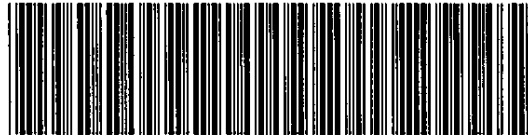
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 09 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KROP LIGHTNING NJROTC BOOSTER CLUB, 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:

MR. DAVID STERN

Name of Person

PRESIDENT, KROP LIGHTNING NJROTC BOOSTER CLUB

Firm/Company

18800 NE 29TH AVE

Address

AVENTURA, FL 33180

City/State and Zip Code

DSTERN@ATTIDENTERPRISES.COM

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

For further information concerning this matter, please call:

JACKLYN D WEBB

617 947-8148

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

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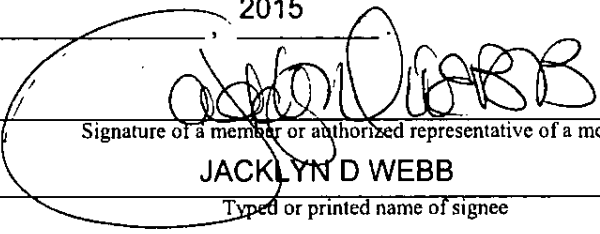
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 11 March, 2015



Signature of a member or authorized representative of a member

JACKLYN D WEBB

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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