

L14 000 184628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

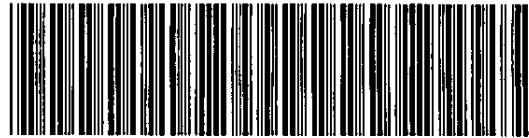
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: District Parking Services 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:

Cara Ebert Cameron

Name of Person

Cara Ebert Cameron P.A.

Firm/Company

2929 East Commercial Boulevard Suite 410

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

betsycameron1@gmail.com

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

For further information concerning this matter, please call:

Cara E. Cameron

954 771-9221

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

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>
AMBR	Servicetron Inc.	8852 Southern Orchard Road N	<input type="checkbox"/> Add
		Davie FL 33328	<input checked="" type="checkbox"/> Remove
AMBR	EIM Management Corp. Inc	8852 Southern Orchard Rd. N	<input checked="" type="checkbox"/> Add
		Davie FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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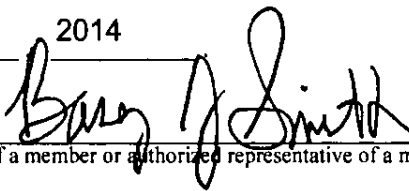
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 December 12

2014



Signature of a member or authorized representative of a member

Barry J. Smith

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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