

L150000018209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

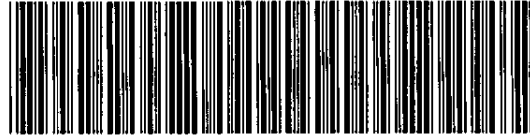
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 3 2015

T. BROWN

msmd

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAP 226, 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:

PHILLIP A. ROACH

Name of Person

PHILLIP A. ROACH, ATTORNEY AT LAW

Firm/Company

28179 VANDERBILT DRIVE, SUITE 1

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

paroachlaw@yahoo.com

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

For further information concerning this matter, please call:

PHILLIP A. ROACH

239 992-0178
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

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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> |
|--------------|--------------------|----------------------------|---|
| AMBR | TRAVIS CRAIG SHARP | 20660 CHARING CROSS CIRCLE | <input checked="" type="checkbox"/> Add |
| | | Estero, FL 33928 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

1/20/2015

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.

Dated 5/26/

2015

Dated

Signature of a member or authorized representative of a member

PHILLIP A. ROACH,

Typed or printed name of signee