

L1500009165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

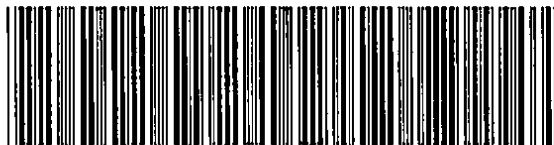
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 AUG 10 AM 8:45  
TALLAHASSEE, FLORIDA

FILE

FILE

AUG 14 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMERALD SANDS CONSULTING 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:

EDWIN D. EPPERSON III

\_\_\_\_\_  
Name of Person

EMERALD SANDS CONSULTING LLC

\_\_\_\_\_  
Firm/Company

19046 BRUCE B. DOWNS BLVD #413

\_\_\_\_\_  
Address

TAMPA, FL 33647

\_\_\_\_\_  
City/State and Zip Code

EDWIN@SPEARSONINVESTMENTGRP.COM

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

For further information concerning this matter, please call:

EDWIN D EPPERSON III

813

474-4429

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 AUG 10 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 2, 2017

EDWIN D EPPERSON III  
19046 BRUCE B DOWNS BLVD #413  
TAMPA, FL 33647

SUBJECT: EMERALD SANDS CONSULTING LLC  
Ref. Number: L15000019165

We have received your document for EMERALD SANDS CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00015665

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2017 AUG 10 AM 8:45  
TALLAHASSEE, FLORIDA

## 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>
Manager	EDWIN D EPPERSON III		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19046 BRUCE B DOWNS BLVD #413 TAMPA FL 33647	<input checked="" type="checkbox"/> Change
Member	Tampa Vertical Consulting Inc.		<input type="checkbox"/> Add
		19046 BRUCE B DOWNS BLVD #413 TAMPA FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 10 AM 8:45  
ALL  
FILED

PLEASE CHANGE TITLE FOR EDWIN D EPPERSON III, TO MGR

PLEASE CHANGE TITLE FOR EDWIN D EPPERSON III, TO MGR

**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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

2017 AUG 10 AM 8:45  
STANLEY, JAMES  
TALLAHASSEE FL 32307