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204/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST REFERRALS, 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:

JENNIFER ATKISSON-LOVETT

Name of Person

TREASURE COAST REFERRALS, LLC

Firm/Company

729 S. FEDERAL HWY, SUITE 100

Address

STUART, FL 34994

City/State and Zip Code

jenniferalovett@gmail.com

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

For further information concerning this matter, please call:

Jennifer Atkisson-Lovett

at (772) 215-4545

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 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>
MGR	MARY ANN VILLALVA	729 S. FEDERAL HWY, SUITE 100	<input checked="" type="checkbox"/> Add
		STUART, FL 34994	<input type="checkbox"/> Remove
AMBR	JENNIFER ATKISSON-LOVETT	729 S. FEDERAL HWY, SUITE 100	<input type="checkbox"/> Add
		STUART, FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 MARCH 26, 2015

Mary Ann Villalva
Signature of a member or authorized representative of a member

MARY ANN VILLALVA

Typed or printed name of signee