

#L15000029257

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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GALLAHUSSE, FLORIDA

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K. SALY
EXAMINER
APR 28 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESOLEASE, 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:

Leighton J Hyde

Name of Person

The Law Office of Leighton J. Hyde, P.A.

Firm/Company

4100 W. Kennedy Blvd. #213

Address

Tampa, FL 33609

City/State and Zip Code

lhyde@hydelawoffice.com

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

For further information concerning this matter, please call:

Leighton J Hyde

813 870-9555

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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(ls.)

(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>
AMBR	Angel Miller	3007 Spring Hammock Drive	<input type="checkbox"/> Add
		Plant City, FL 33566	<input checked="" type="checkbox"/> Remove
AMBR	Angela Miller	3007 Spring Hammock Drive	<input checked="" type="checkbox"/> Add
		Plant City, FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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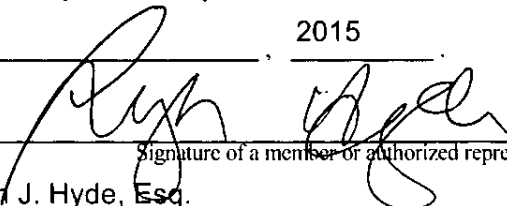
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 March 30, 2015



Signature of a member or authorized representative of a member
Leighton J. Hyde, Esq.

Typed or printed name of signee

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