

L15000039522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

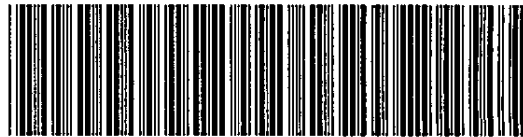
(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Statia TRS 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:

Dion Sadasey

Name of Person

Firm/Company

5150 NW 73rd Way

Address

Lauderhill Florida 33319

City/State and Zip Code

dion.sadasey@yahoo.com

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

For further information concerning this matter, please call:

Dion Sadasey

954 609-2518
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, FL

Statia TRS LLC

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MGR = Manager
AMBR = Authorized Member

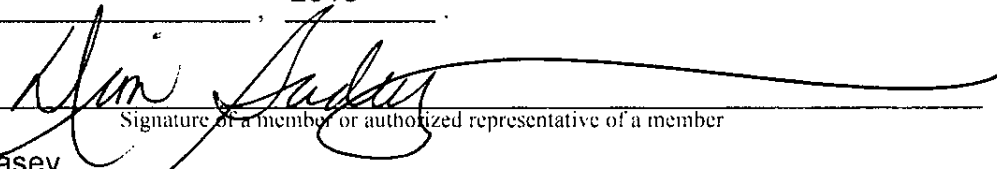
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 10, 2015



Signature of a member or authorized representative of a member
Dion Sadasey

Typed or printed name of signee

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2015