

L15000042088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

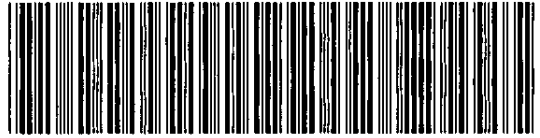
Certificates of Status _____

Special Instructions to Filing Officer:

* No Change *

Due to initially filing
the LLC under a name
that was not available

Office Use Only



300279448313

FILED
15 DEC - 7 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2015

WEST FAMILY HOLDINGS LLC
2615 KAREN DRIVE
PLANT CITY, FL 33563

SUBJECT: WEST FAMILY HOLDINGS LLC
Ref. Number: L15000042088

This is to advise you that on March 9, 2015, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Michelle Milligan
Senior Section Administrator
Registration Section

Letter Number: 715A00024513

COVER LETTER

TO: Registration Section⁺
Division of Corporations

SUBJECT: _____

RLW Family Holdings
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:

Laura West

Name of Person

Firm/Company

2615 Karen Dr

Address

Plant City, FL 33563

City/State and Zip Code

Sellinsoap@aol.com

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

For further information concerning this matter, please call:

Laura West

Name of Person

at (813)

Area Code

719-7796

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
015 and assigned

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>
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			<input type="checkbox"/> Remove
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FBI

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

12 | 4 | 15

Signature of a member or authorized agent: 

Laura West

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA