

L15000077330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

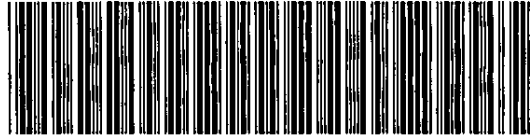
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HMD III, 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:

Marie Straughn Prisco  
\_\_\_\_\_  
Name of Person  
  
Straughn and Turner, P.A.  
\_\_\_\_\_  
Firm/Company  
  
255 Magnolia Ave. SW  
\_\_\_\_\_  
Address  
  
Winter Haven, FL 33880  
\_\_\_\_\_  
City/State and Zip Code  
  
rheath@cassidyhomes.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Straughn Prisco      863      293-1184  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**Now Registered Agent**

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>
MGR	John Scheck	50 Lakewood Causeway	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Warren K. Heath II	346 East Central Ave.	<input checked="" type="checkbox"/> Add
		Winter Haven, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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.

Dated Oct. 9th, 2015

Mari S. Pires  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Marie S. Prisco  
Typed or printed name of signer

Typed or printed name of signee

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