

L15000121637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

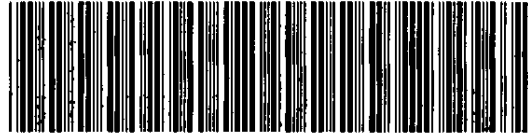
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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JUN 10 2016

## COVER LETTER

**TO: Registration Section\***  
**Division of Corporations**

**SUBJECT:** 508 N Harbor City Blvd, 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:

James T White

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

508 N Harbor City Blvd

\_\_\_\_\_  
Address

Melbourne, Florida, 32935

\_\_\_\_\_  
City/State and Zip Code

james@wesaysold.com

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

For further information concerning this matter, please call:

James T White

321 368-5445  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

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

## 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>                      |
|--------------|------------------------|------------------------|--------------------------------------------|
| AMBR         | A & J Living Trust LLC | 508 N Harbor City Blvd | <input checked="" type="checkbox"/> Add    |
|              |                        | Melbourne, Fl          | <input type="checkbox"/> Remove            |
|              |                        | 32935                  | <input type="checkbox"/> Change            |
| AMBR         | T & S Living Trust LLC | 508 N Harbor City Blvd | <input checked="" type="checkbox"/> Add    |
|              |                        | Melbourne, Florida     | <input type="checkbox"/> Remove            |
|              |                        | 32935                  | <input type="checkbox"/> Change            |
| MBR          | White, James T         | 508 N Harbor City Blvd | <input type="checkbox"/> Add               |
|              |                        | Melbourne, Florida     | <input checked="" type="checkbox"/> Remove |
|              |                        | 32935                  | <input type="checkbox"/> Change            |
| MBR          | Easler, Andrew David   | 508 N Harbor City Blvd | <input type="checkbox"/> Add               |
|              |                        | Melbourne, Fl          | <input checked="" type="checkbox"/> Remove |
|              |                        | 32935                  | <input type="checkbox"/> Change            |
|              |                        |                        | <input type="checkbox"/> Add               |
|              |                        |                        | <input type="checkbox"/> Remove            |
|              |                        |                        | <input type="checkbox"/> Change            |
|              |                        |                        | <input type="checkbox"/> Add               |
|              |                        |                        | <input type="checkbox"/> Remove            |
|              |                        |                        | <input type="checkbox"/> Change            |

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**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 June 6, 2016

Signature of a member or authorized representative of a member

JAMES T. White  
Typed or printed name of signee

Typed or printed name of signee

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