

L15 000 174 997

(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:

Office Use Only



800278954918

11/10/15--01010--019 **25.00

FILED
2015 NOV 10 PM 4:24
STATE OF FLORIDA
TALLAHASSEE FLORIDA

NOV 12 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSUMER SPECIALTIES, 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:

EDGAR E. DAVIS

Name of Person

CONSUMER SPECIALTIES, LLC

Firm/Company

778 REGENCY RESERVE CIRCLE #1601

Address

NAPLES, FL 34119

City/State and Zip Code

edgardavis@earthlink.net

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

For further information concerning this matter, please call:

EDGAR DAVIS

at (239) 595-5571

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

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>
MGR	EDGAR E. DAVIS	778 REGENCY RESERVE CIRCLE#1601 NAPLES, FL 34119	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2011 NOV 10 PM 4:24
PALM BEACH COUNTY
OFFICE OF THE CLERK
JANET K. ROBERTSON, CLERK

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

PLEASE ADD THE FOLLOWING FEI/EIN NO. 47-5346406

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

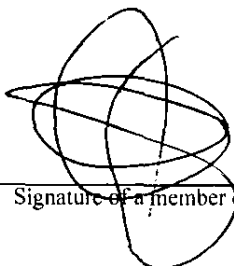
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 : November 4, 2015.



Signature of a member or authorized representative of a member

Edgar E. Davis, authorized representative of Member

Typed or printed name of signer

2015 NOV 10 PM 4:24
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA