

# L16000019634

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

\*\*Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LIGHTING STRIKES LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

K. SALLY  
EXAMINER

MAR 18

Electronic Filing Menu

Corporate Filing Menu

Help

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: LIGHTING STRIKES 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:

**Cheyenne Moseley**\_\_\_\_\_  
Name of Person**Legalzoom.com, Inc.**\_\_\_\_\_  
Firm/Company**100 W. Broadway Suite 100**\_\_\_\_\_  
Address**Glendale, CA 91210**\_\_\_\_\_  
City/State and Zip Code**pelliotusmc@comcast.net**\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Imelda Vasquez****323 962-8600 ext 7950**\_\_\_\_\_  
Name of Personat (\_\_\_\_\_)\_\_\_\_\_  
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



**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 16<sup>th</sup> 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Paul Elliott

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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CLERK OF STATE  
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