

L16000032641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

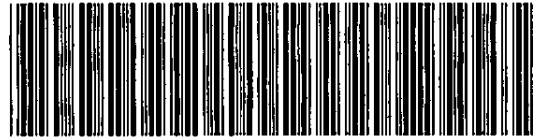
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MAR 22 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citrus Pines Adult Family Care Home, 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:

Daniel Kern

Name of Person

Citrus Pines Adult Family Care Home, LLC

Firm/Company

5618 N. Lecanto Hwy

Address

Beverly Hills, Florida 34465

City/State and Zip Code

dkern20@yahoo.com

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

For further information concerning this matter, please call:

Dan Kern

352 400-0107
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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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STATE
FLORIDA
Registered Agent
SECRETARY
CLASSE

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	Wayne Bardsley	2185 W. Aleuts Dr.	<input checked="" type="checkbox"/> Add
		Beverly Hills, Fl. 34465	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ron Leiberman	P.O. Box 181291	<input type="checkbox"/> Add
		Gainesville, Fl. 32614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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: please make effective immediately (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 March 16, 2016

Signature of a member or author

Signature of a member or authorized representative of a member

Daniel Kern

Typed or printed name of signee

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Filing Fee: \$25.00

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