

L160000033364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

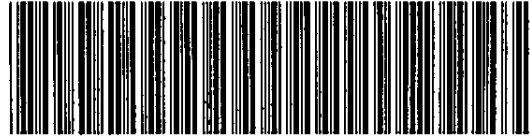
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUREASHALE VENTURES 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:

JEFFREY HALE

Name of Person

Firm/Company

2 BEECHWOOD AVE

Address

LAKE HIAWATHA, NJ 07034

City/State and Zip Code

CAUSINHALE@GMAIL.COM

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

For further information concerning this matter, please call:

JEFFERY HALE

Name of Person

973 417-7962
at (_____) _____
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

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TALLAHASSEE, FL 32301

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SUREASHALE VENTURES LLC

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	IRA TRUST SERVICES COMPAN	FBO JEFFREY HALE IRA539727	<input checked="" type="checkbox"/> Add
		401 EAST 8TH STREET	<input type="checkbox"/> Remove
		SIOUX FALLS, SD 57103	<input type="checkbox"/> Change
MGR	JEFFREY HALE	2 BEECHWOOD AVE	<input type="checkbox"/> Add
		LAKE HIAWATHA, NJ 07034	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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 MARCH 19, 2016

Signature of a member or authorized representative

Typed or printed name of signee