

L16 0000 63248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

SEP 04 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Woodland Circle MHP, 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:

Chad Schultz

Name of Person

Firm/Company

1450 Flagler Ave., Ste. 2

Address

Jacksonville, FL 32207

City/State and Zip Code

chad@startupscpa.com

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

For further information concerning this matter, please call:

Chad Schultz

904 400-1238
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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	Lenger Asset Management, Inc	221 N. Hogan St., #405	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Fairbanks Law Group, P.L.	113 Nature Walk Pkwy, Ste. 103	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carrie and David Schulman	9513 Sea Turtle Dr.	<input checked="" type="checkbox"/> Add
		Plantation, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA