

116000071623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

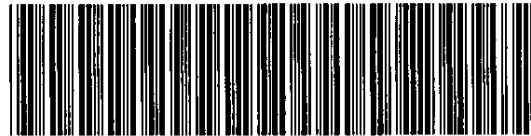
(Business Entity Name)

(Document Number)

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04/03/17--01034--022 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ronald McGregor 4134 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:

Ronald McGregor

Name of Person

Ronald McGregor 4134 LLC.

Firm/Company

4005 Bahia Isle Circle

Address

Wellington, FL 33449

City/State and Zip Code

ronmcgregor2@gmail.com

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

For further information concerning this matter, please call:

Ronald McGregor

561 792-4084
at ()

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

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>
MGRM	Ronald McGregor		☐ Add
		4005 Bahia Isle Circle, Wellington, FL 33449	☒ Remove
			☐ Change
MGRM	RONALD MCGREGOR TRUSTEE	4005 Bahia Isle Circle, Wellington, FL 33449	☒ Add
	OF THE RONALD MCGREGOR		☐ Remove
	REVOCABLE LIVING TRUST		☐ Change
	DATED MARCH 15, 2002		☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

1

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 MARCH 30, 2017.

Ronald Mc Gregor
Signature of a member

Signature of a member or authorized representative of a member

Ronald McGregor

Typed or printed name of signee