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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

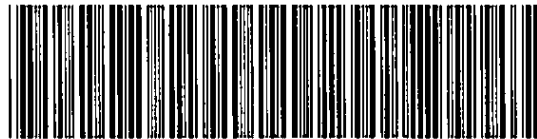
(Business Entity Name)

(Document Number)

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17 JUL 24 AM 10 08  
STATE OF FLORIDA  
TALLAHASSEE FL 32301

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Desoto Auto City 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:

Sheila Vaughan  
Name of Person  
Desoto Auto City LLC  
Firm/Company  
23 El Verano Ave.  
Address  
Arcadia, FL 34266  
City/State and Zip Code  
DesotoAutoCity@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila Vaughan at (863) 491-0874  
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

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Desoto Auto City LLC

SECTION 100 OF USARL  
LAHASSEE FLORIDA

4-19-2016

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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>
MGR	Terrey J. Vaughan	23 El Verano Ave.	<input type="checkbox"/> Add
		Arcadia, 71.34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

17 JUL 24 AM 01  
DEL. H. KEY OF SPAIN  
TAL. SHASBIE FLORIDA

**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 7-12, 2017

Sheila R. Vaughan  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

SHEILA R. Vaughan

Typed or printed name of signee