

L16000084928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

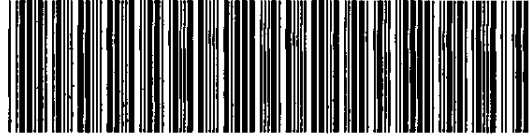
(Business Entity Name)

(Document Number)

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S Warren

JUN 10 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 514 Loveridge Drive, 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:

Andrew D Easler

Name of Person

Firm/Company

508 N Harbor City Blvd

Address

Melbourne, Floirda, 32935

City/State and Zip Code

james@wesaysold.com

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

For further information concerning this matter, please call:

Andrew D Easler

321 3966955
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>
MBR	Easler, Andrew D	508 N Harbor City Blvd	☐ Add
		Melbourne, FL	☒ Remove
		32935	☐ Change
AMBR	A & J Living Trust LLC	508 N Harbor City Blvd	☒ Add
		Melbourne	☐ Remove
		Florida	☐ Change
AMBR	T & S Living Trust LLC	508 N Harbor City Blvd	☒ Add
		Melbourne, Florida	☐ Remove
		32935	☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Blank lines for amending information.

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 _____, _____.



Signature of a member or authorized representative of a member

Andrew

Easley

Typed or printed name of signee

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TREASURY FLORIDA