

L16000100705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SEP 14 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 3:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2016

LISA L MORRIS
LLM GROUP, LLC
111 N OAK AVENUE
SANFORD, FL 32771

SUBJECT: LLM GROUP, LLC.
Ref. Number: L16000100705

2016 SEP 14 PM 12:51
TALLAHASSEE, FL 32314

We have received your document for LLM GROUP, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 716A00018329

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TALLAHASSEE, FLORIDA
16 AUG 26 PM 3:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LLM Group, 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:

Lisa L Morris

Name of Person

LLM Group, LLC

Firm/Company

111 N. Oak Ave.

Address

Sanford, FL 32771

City/State and Zip Code

lmorris@cdscourts.com

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 AUG 26 PM 3:27

For further information concerning this matter, please call:

Lisa L Morris

407

333-4770

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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	Lisa L Morris	111 N Oak Ave, Sanford, FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA
JUN 16 4 26 PM '04

16 AUG 26 PM 3:27

15 AUG 26 PM 3:21

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CLERK OF DISTRICT 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 August 23, 2016

Robert

Signature of a member or authorized representative of a member

Dustin Carter

Typed or printed name of signee