

L1700000 1929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

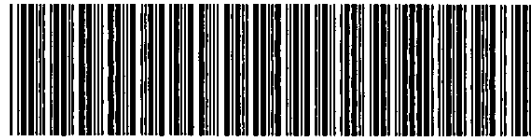
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McAuliffe Holdings, 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:

Brent McAuliffe

Name of Person

McAuliffe Holdings, LLC.

Firm/Company

600 SW 101st Avenue

Address

Plantation, FL 33324

City/State and Zip Code

brent.mcauliffe@gmail.com

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

For further information concerning this matter, please call:

Kelly Brandenburg

760

274-3024

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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	Brent McAuliffe	600 SW 101st Avenue	<input checked="" type="checkbox"/> Add
		Plantation, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelly Brandenburg	600 SW 101st Avenue	<input type="checkbox"/> Add
		Plantation, FL 33324	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALL

(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)

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TALAM-SECRETARY

Pursuant to 605.0207 (3)(c)
will not be listed as the

Dated March 7 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee