

L17000027185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

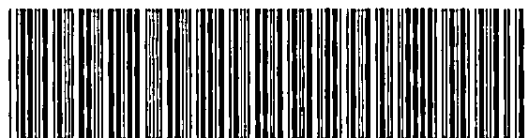
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2018

JAMES E RUSS
4906 BARRETT WAY
PANAMA CITY, FL 32404

SUBJECT: SIDESHORE LLC
Ref. Number: L17000027285

We have received your document for SIDESHORE LLC and your check totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document number and name on document doesn't match. Please revise.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 318A00001674

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FEB 5 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J.E.R. SOLUTIONS 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:

JAMES E. RUSS

Name of Person

J.E.R. SOLUTIONS LLC

Firm/Company

4906 BARRETT WAY

Address

PANAMA CITY, FLORIDA 32404

City/State and Zip Code

james.russ@gmail.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JAMES E. RUSS

850 259-5514
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

Page 1 of 3

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2018 FEB -5 P 4:48
SECRETARY OF
TALLAHASSEE, FLORIDA
Enter the name of the

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>
AMBR	JANICE C RUSS	4906 BARRETT WAY	<input type="checkbox"/> Add
		PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, 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 FEBRUARY 03, 2018

FEBRUARY 03 2018
d _____


Signature of a member of _____

Signature of a member or authorized representative of a member

JAMES E. RUSS

Typed or printed name of signee