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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

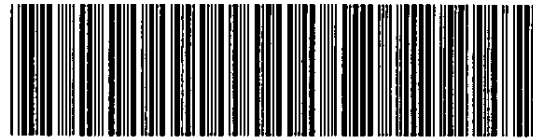
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Time Tours & Charters, 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:

Kathleen McCoy

Name of Person

East Coast Nautical, Inc.

Firm/Company

1137 Lake Dr.

Address

Cocoa, FL 32922

City/State and Zip Code

kmccoy@eastcoastnauticalinc.com

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

For further information concerning this matter, please call:

Kathleen McCoy

321 799-9900

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>
			<input type="checkbox"/> Add
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Dated 2/24/2017, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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