

L17000044197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

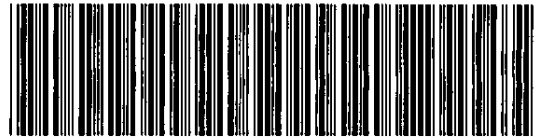
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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2017 APR 10 AM 10:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Stretch 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:

David Hoffman
Name of Person
Lighthouse Stretch LLC
Firm/Company
4792 N. Citation Club Dr #105
Address
Delray Beach, FL 33445
City/State and Zip Code
Bocastretch@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hoffman at (561) 313-8757
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

Lighthouse Stretch LLC

Page 1 of 3

MGR = Manager ,
AMBR = Authorized Member

Page 2 of 3

17 APR 1968

17 APR 10 AM
Pursuant to 60
te will not be list

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 April 5, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Dawid Hoffman

Typed or printed name of signee