

L17000048291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

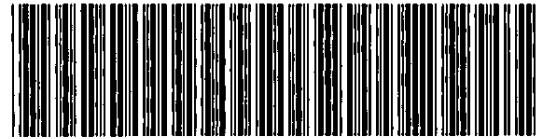
(Business Entity Name)

(Document Number)

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04/24/17--01017--004 **25.00

FILED

2017 APR 24 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 25 2017

LULTRIO LLC

**304 NW Bethany Dr. Pt. St. Lucie, FL 34986
772-201-4275**

To whom this may concern:

**Please remove the authorized members listed on the site for
LULATRIO LLC. L17000048291**

Regards,

A handwritten signature in black ink, appearing to be 'Kerri Ward', with a long horizontal stroke extending to the right.

Kerri Ward

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LULA TRIO
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:

Kerri Ward

Name of Person

Firm/Company

304 NW Bethany Dr.

Address

Port Saint Lucie FL 34986

City/State and Zip Code

Kerridc@hotmail.com

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

For further information concerning this matter, please call:

Kerri Ward

Name of Person

at

772

Area Code

201-4275

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

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2017 APR 24 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

Title	Name	Address	Type of Action
AMBR	ward, Rileigh	117 NW Berkeley Ave	☐ Add
		Port St. Lucie, FL	☒ Remove
		34986	☐ Change
AMBR	WARD, CHERYL	118 NW Berkeley Ave	☐ Add
		Port St. Lucie, FL	☒ Remove
		34986	☐ Change
AMBR	EMERSON, DENT	117 NW Berkeley Ave	☐ Add
		Port St. Lucie FL	☒ Remove
		34986	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2018 APR 26 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 APR 24 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

Dated _____, _____.

Kerri E. Ward

Typed or printed name of signee