

L17 000049880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

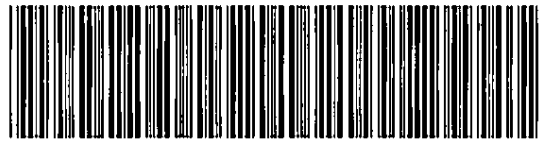
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 DEC -9 PM 5:47

Amend

DEC 11 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Leg Comfort Pillow 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:

Timothy L. Strebeigh  
Name of Person

Leg Comfort Pillow LLC  
Firm/Company

7750 Ridge Dr #207A  
Address

Seminole FL 33772  
City/State and Zip Code

drlee777@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy L. Strebeigh at ( 727 ) 692-1409  
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

2019 DEC 9 PM 5:47

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2019

TIMOTHY L STREBEIGH  
LEG COMFORT PILLOW LLC  
7750 RIDGE DR., #207A  
SEMINOLE, FL 33772

SUBJECT: LEG COMFORT PILLOW LLC  
Ref. Number: L17000049880

We have received your document for LEG COMFORT PILLOW LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 619A00023647

2019 DEC -9 PM 12:04

RECEIVED

Lea Comfort Pillow LLC  
(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


| <u>Title</u> | <u>Name</u>            | <u>Address</u>                                | <u>Type of Action</u>   |
|--------------|------------------------|---|---|
| AMBR         | Jason Lee<br>STREBEIGH | 7750 Ridge Rd<br># 207A<br>Seminole, FL 33772 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| AMBR         | Katherine S<br>Makely  | 11125 Park Blvd #104-333<br>Seminole FL 33772 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
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|              |                        |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

[illegible]

(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)

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.

10/22, 2019.  
  
 Signature of a member or authorized representative of a member

Timothy L. Strebeigh  
Typed or printed name of signer