

L17000058980

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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J. LEGGETT
MAR 13 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2018

DONNA MUNN
19686 NW 286TH STREET
OKEECHOBEE, FL 34972 US

SUBJECT: K & M EQUINE SPECIALTIES, LLC
Ref. Number: L17000058980

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 718A00003359

RECEIVED
MAR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K&M Equine Specialties, 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:

Donna Murr
Name of Person

Recharge Equine Therapies
Firm/Company

19686 NW 28th Street
Address

Okechobee FL 34972
City/State and Zip Code

Recharge equine therapies@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Murr at (863) 447-9595
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)

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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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