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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 MAR -4 AM 10:42
CLERK OF COURT
-HILAHASSI
CLERK OF COURT

MAR 12 2019
C MCNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10710 Hibiscus, LLC
Name of Limited Liability Company

2019 MAR -4 AH10:43
RECEIVED
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL HANSEN, mgr
Name of Person

10710 Hibiscus, LLC
Firm/Company

220 OSOWAD BLVD
Address

Spring Hill, FL 34607
City/State and Zip Code

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

For further information concerning this matter, please call:

CHERYL HANSEN at (262) 215-5673
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2018 MAR -4 AM 10:43
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-15-2018 BY 60322
UCBAW/STP

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

Page 1 of 3

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>
mgr	CHERYL HANSEN	220 OSOWAY BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
mgr	RUSSELL HANSEN	220 OSOWAY BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	CHERYL HANSEN FBO THE HANSEN 401K PSP	220 OSOWAY BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	RUSSELL HANSEN FBO THE HANSEN 401K PSP	220 OSOWAY BLVD	<input type="checkbox"/> Add
		Spring Hill, FL 34607	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

Signature of a member or authorized representative of a member

Typed or printed name of signee