

L17000089673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

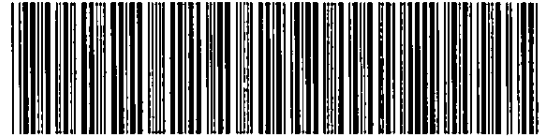
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/06/17--01022--010 **25.00

Handwritten signature and date 9/17/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP -6 AM 11:03

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sugarloaf Tiki Bar, 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:

CHARLES M MILLIGAN

Name of Person

LAW OFFICE OF CHARLES M MILLIGAN

Firm/Company

18400 N.W. 88 AVENUE ROAD

Address

REDDICK, FLORIDA 32686

City/State and Zip Code

JGOODB @GMAIL.COM

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

For further information concerning this matter, please call:

CHARLES M MILLIGAN

305 923-8885
at ()

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

SUGARLOAF TIKI BAR, LLC.

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>
AMBR	CAREN WARD	17001 OVERSEAS HIGHWAY	<input checked="" type="checkbox"/> Add
		SUGARLOAF KEY, FL. 33042	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CATHERINE DUNCAN	17001 OVERSEAS HIGHWAY	<input checked="" type="checkbox"/> Add
		SUGARLOAF KEY, FL. 33042	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

(b) The 90th day after the record is filed.

Dated August 28 2017

John B. Good
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John B. Good

Typed or printed name of signee