

L17000097563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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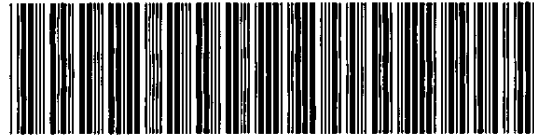
(Business Entity Name)

(Document Number)

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JUN 12 2017

SUNSHINE CORPORATE FILING OF FLORIDA

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850-656-4724

Date: 6-9-17
Check No. 3745

Name: PCF Equestrian Holdings LLC
Document #: _____
Order #: Bob WLS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PCF Equestrian Holdings 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

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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

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	Deborah McCarthy Connor	572 East Branch Road	<input type="checkbox"/> Add
		Patterson, NY 12563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter Connor	572 East Branch Road	<input type="checkbox"/> Add
		Patterson, NY 12563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Damian De Rosaire	15 Gordon Road	<input type="checkbox"/> Add
		Carmel, NY 10512	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cynthia De Rosaire	15 Gordon Road	<input type="checkbox"/> Add
		Carmel, NY 10512	<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

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

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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.

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.

Dated June 9 2017

Signature of a member or authorized representative of a member

Cynthia De Rosaire
Typed or printed name of sience

Typed or printed name of signee