

L17000 126792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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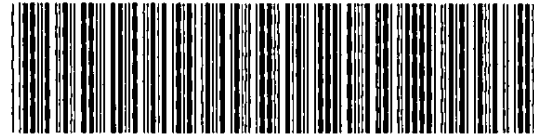
(Business Entity Name)

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ALLIANCE STATE, FLORIDA

S. WARREN

JUN 27 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Turtle Bay Consulting 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:

Lora Bull

\_\_\_\_\_  
Name of Person

Turtle Bay Consulting LLC

\_\_\_\_\_  
Firm/Company

530 South Heathwood Drive

\_\_\_\_\_  
Address

Marco Island, FL 34145

\_\_\_\_\_  
City/State and Zip Code

lorabull@yahoo.com

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

For further information concerning this matter, please call:

Lora Bull

847

363-0579

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

17 JUN 26 PM 3:57  
Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

☐ Change  
☒ 17 JUN 26 Add  
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