

L18000004353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

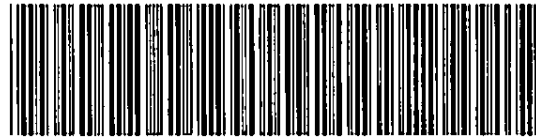
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100307824021

01/22/18--01017--006 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 22 AM 11:30

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	Enoris Sly	726 East Harbor Dr S	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Zachary D Sly	726 East Harbor Dr S	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Enoris Sly, Jr.	726 East Harbor Dr S	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JAN 22 AM 11:39

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated 1-18-2018
Rosa Sly
 Signature of a member or authorized representative of a member
 Rosa Sly
 Typed or printed name of signee