

48000135530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

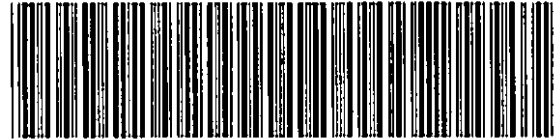
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/19/18--01010--030 **25.00

18 JUL 19 PM 1:18

JUL 26 2018

S. PRATHER

Prather, Stacy

From: Chris Igoe, P.A. / Sells Homes <igoerealty@gmail.com>
Sent: Thursday, July 26, 2018 10:44 AM
To: Prather, Stacy
Subject: Christopher Igoe LLC

Hi Stacy,

Thanks for the call this morning.

Christopher Igoe PA is being closed and Christopher Igoe LLC will be the new entity, they are one and the same.

Thank you for your help.

Chris Igoe, P.A. Realtor / Igoe Home Group, Re/Max Direct




Phone: [561-516-2442](tel:561-516-2442)

Email: chris@igoerealty.com

Website: igoerealty.com



 YouTube Video

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IGOE HOME GROUP 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:

CHRISTOPHER IGOE

Name of Person

CHRISTOPHER IGOE LLC

Firm/Company

8440 SERENA CREEK AVE

Address

BOYNTON BEACH, FL 33473

City/State and Zip Code

IGOEREALTY@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER IGOE

561 516-2442
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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

18	15	18
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