

L18000 240086

(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



200326369022

03/20/19--01018--007 **25.00

RECEIVED
MAR 20 2019

FILED
2019 MAR 20 AM 9:27
SEBASTIAN COUNTY
TALLAHASSEE, FL

TIMOTHY J. SLOAN, P.A.

ATTORNEY AND COUNSELOR AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN
ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

March 6, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Coastal Clearing LLC ("LLC")
Document No. L18000240086

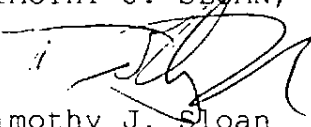
Gentlemen:

Enclosed please find an Articles of Amendment to Articles of Organization of the above-referenced LLC, together with a check in the amount of \$25.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.



Timothy J. Sloan

TJS/mf
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COASTAL CLEARING 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:

Timothy J. Sloan, Esq.

Name of Person

Timothy J. Sloan, P.A.

Firm/Company

PO Box 2327

Address

Panama City, FL 32402

City/State and Zip Code

thomasm850@gmail.com

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

For further information concerning this matter, please call:

Timothy J. Sloan, Esq.

850 769-2501

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2019 MAR 20 AM 9:27

rd.)

rd.)

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>
MGR	Thomas Ryan Muldowney	4119 Sue Lane Panama City, FL 32404	<input checked="" 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
			<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

[illegible]

10/15/18

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

October 15, 2018.

SAC
Signature of a member or authorized

Signature of a member or authorized representative of a member

SEAN R. AKINS

Typed or printed name of signee