

L190000 10 623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

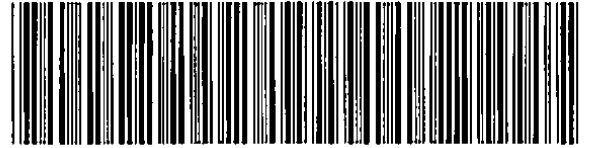
(Business Entity Name)

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15 JUL 15 2019
STATE OF TEXAS
CLERK OF COURT

JUL 20 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 110 Solana, 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:

Michael J. McCabe

Name of Person

McCabe & Ronsman

Firm/Company

110 Solana Road, Suite 102

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

mccabe@jaxlandlaw.com

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

For further information concerning this matter, please call:

Michael McCabe

904

504-5497

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

110 Solana, LLC

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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	Hazeline K. McCabe	110 SOLANA ROAD, STE 102, PONTE VEDRA BCH, FL 32082	☒ Add
			☐ Remove
			☐ Change
MGR	Michael McCabe		☐ Add
			☐ Remove
		110 SOLANA ROAD, STE 102, PONTE VEDRA BCH, FL 32082	☒ Change
MGR	DAVID REPASS		☐ Add
		111 SOLANA ROAD, STE B, PONTE VEDRA BCH, FL 32082	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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 7/11/2019.

Signature of a member or authorized representative of a member

Typed or printed name of signer