

L19000036345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

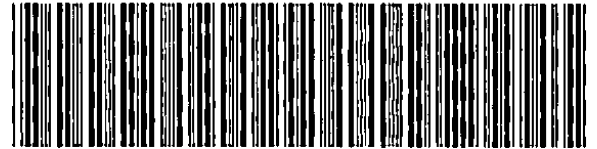
(Business Entity Name)

(Document Number)

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TAL LAHASSER, FLORES

T.G.
03/11/19

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Deidre McClain L.L.C.

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:

Deidre McClain

Name of Person

Deidre McClain L.L.C.

Firm/Company

2742 Olde Cypress Drive

Address

Naples, FL 34119

City/State and Zip Code

dmccclain@snet.net

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

For further information concerning this matter, please call:

Deidre McClain

at 203 240-7366

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

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TALLAHASSEE, FL 32301

APPROVED
AND
FILED

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>
AR	McClain, Thomas P	2742 Olde Cypress Dr Naples, FL 34110	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRET
VALERIE

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 March 1, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DEIDRE MC CLAIN

Typed or printed name of signee

Filing Fee: \$25.00