

L19 000/04491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

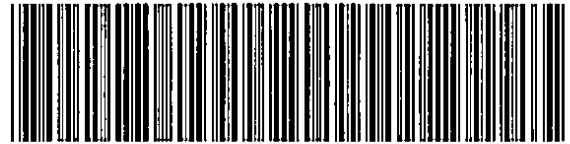
(Business Entity Name)

(Document Number)

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2020 MAR 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FL

MAR 27 2020
C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CP REST T545, 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:

Jim Stockman

Name of Person

Firm/Company

2579 SW 87th Drive

Address

Gainesville, FL 32608

City/State and Zip Code

Jim@VikingCompanies.org

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

For further information concerning this matter, please call:

Jim Stockman

352

333-9333

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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	SHD Ventures, LLC	2579 SW 87TH DRIVE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHD-Celebration Pointe, LLC	2579 SW 87TH DRIVE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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 February 11, 2020

Svein H. Dyrkolbotn

Filing Fee: \$25.00