

L19 000 113130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

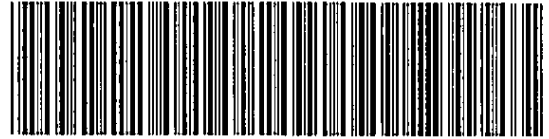
(Document Number)

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2019 JUN -5 PM 4:57

FILED

C. GOLDEN

JUN - 6 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Touches of Home Realty, 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:

Stacy Wolf

Name of Person

Touches of Home Realty, LLC

Firm/Company

15627 Century Dr

Address

Hudson, FL 34667

City/State and Zip Code

touchesofhomefl@gmail.com

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

For further information concerning this matter, please call:

Stacy Wolf

Name of Person

at (352)

Area Code

359-0813

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)

We sent
\$35 with
original because that was
information found on-line

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

STACY KAY WOLF
15627 CENTURY DRIVE
HUDSON, FL 34667

SUBJECT: TOUCHES OF HOME REALTY LLC
Ref. Number: L19000113130

RECEIVED

2019 JUN -5 AM 10:28

STACY KAY WOLF
15627 CENTURY DRIVE
HUDSON, FL 34667

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00010499

I am not sure who will be working this file next. The original application for this change that was sent in was pull directly from on-line as was the fee amount. I am trying so hard to get this corrected so that I can get everything up and going. Please let me know if there is anything I can do to speed this up... I can scan and email anything you need.
Thank you

FILED

2019 JUN -5 PM 4:57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Lawrence W Wolf II	12121 Little Rd # 321	<input type="checkbox"/> Add
		Hudson, FL 34667	<input checked="" 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
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			<input type="checkbox"/> Change

[illegible]

(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) **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 ~~5/1/2019~~ ^{SKW} 6/1/2019

Signature of a member or authorized representative of a member

Stacy Wolf
Typed or printed name of signee