

L230000092239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

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2017-09-20 14:49:49

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2017-09-20 14:49:49

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Citrus Roll Offs 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:

Stephen Quinn

\_\_\_\_\_  
Name of Person

Citrus Roll Offs

\_\_\_\_\_  
Firm/Company

5781 S Luray Terr

\_\_\_\_\_  
Address

Inverness, Florida, 34452

\_\_\_\_\_  
City/State and Zip Code

CitrusRollOffs@gmail.com

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

For further information concerning this matter, please call:

JAMES T. SUTTON II

\_\_\_\_\_  
Name of Person

at ( 352 ) 212-3858

\_\_\_\_\_  
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	Michael Sanchez	5781 S Luray Terr Inv. FL.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen Quinn	5781 S Luray Terr Inv. FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD L HENDRICKSON III	P.O. Box 1983	<input checked="" type="checkbox"/> Add
		LELAND FL 34460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAD A RIFLE	P.O. Box 1983	<input checked="" type="checkbox"/> Add
		LELAND FL 34460	<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]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Michael Sanchez  
Typed or printed name of signer

**Filing Fee: \$25.00**