

L24 000 089 881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

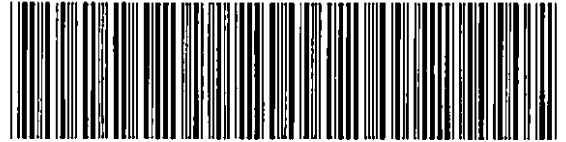
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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CITRUS DREAMS NINE, 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:

DAVID A. LUCZAK

Name of Person

DAVID A. LUCZAK ATTORNEY AT LAW, PA

Firm/Company

3233 EAST BAY DRIVE, SUITE 103

Address

LARGO, FL 33771-1900

City/State and Zip Code

DAVID.LUCZAK@TAMPABAY.FL.COM

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

For further information concerning this matter, please call:

DAVID A. LUCZAK

727

531-8989

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

CITRUS DREAMS NINE, LLC

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> |
|--------------|-----------------------------------|----------------------|--|
| AMBR | JAIME ANNEXY | 1900 SANDRA DRIVE | <input checked="" type="checkbox"/> Add |
| | | CLEARWATER, FL 33764 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JSA LEGACY MANAGEMENT, <i>LLC</i> | 1900 SANDRA DRIVE | <input checked="" type="checkbox"/> Add |
| | | CLEARWATER, FL 33764 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JAIME ANNEXY | 1900 SANDRA DRIVE | <input type="checkbox"/> Add |
| | | CLEARWATER, FL 33764 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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)

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.

NE 12 _____ 2024 _____

 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00