

L24000093677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

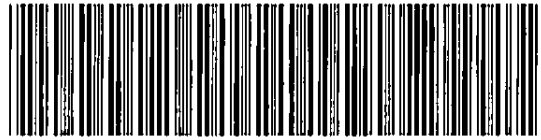
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/04/24--01009--025 \*\*25.00

*MM*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** I Stop Golf Club 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:

Janette Madigan

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

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

35225 Dolphin Lake Dr

\_\_\_\_\_  
Address

Zephyrhills FL 33541

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

janette@smithpoolsupplies.com

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

For further information concerning this matter, please call:

Janette Madigan

813 245-5437  
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>
AMBR	Patrick Madigan	35225 Dolphin Lake Dr	<input type="checkbox"/> Add
		Zephyrhills FL 33541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Roderick Kight	9735 Yawn Rd	<input type="checkbox"/> Add
		Dade City FL 33525	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Janette Madigan	35225 Dolphin Lake Dr	<input checked="" type="checkbox"/> Add
		Zephyrhills FL 33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

12:01 am

Signature of a member or authorized representative of a member

Patrick Madigan

Typed or printed name of signee