M10000004532

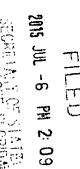
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		

Office Use Only



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06/16/15--01007--008 **25.00





June 17, 2015

CATALINA BANCHERO 514 N BETTY LANE CLEARWATER, FL 33755

SUBJECT: INDICATED, LLC Ref. Number: M10000004532

We have received your document for INDICATED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 215A00012736

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations	•	
SUBJECT:Name of Foreign	Limited Liability Com	pany
Dear Sir or Madam:		py
The enclosed application, certificate and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this	matter to the following	:
Name of Person	HEED	
INDICATED LLC Firm/Company		,
514 N BETTY LA	<u>. </u>	
CIEARWATER PL 33- City/State and Zip Code	755	<i>,</i>
DANCHERO CATAO GHA E-mail address: (to be used for future annual	il con.	
For further information concerning this matter, possible of Person	oat (727) S	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: INDICATED LLC.
2. The Florida document number of this limited liability company is: \(\frac{\mathcal{H1000}}{\text{000}}\)
3. Jurisdiction of its organization: Delaware.
4. Date authorized to do business in Florida: 10/14/2010.
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C.," or "L.L.C.," or "L.L.C.
(must comain binned blabing company, Library of library)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida Street Address
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
If Changing Registered Agent, Signature of New Registered Agent
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
ncipal office 514 N. Betty Lane Clearwater, Fl. 33755

itle/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned a	tificate, if required: no more amendment(s), duly authentour the law of which this chirty	than 90 days old, evidencing the ated by the official having cust is organized.	e ody of records in the

Filing Fee: \$25.00