M14000003163

•
(Requestor's Name)
(Address)
(Address)
(,
(City/Chaha (Tia ID) and 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

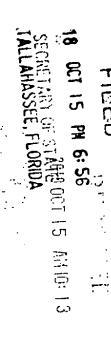




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0CT 2 4 2018 S. YOUNG



COVER LETTER

Division of Corporations		
SUBJECT: HH Gultchream Lawn Name of Foreign I	Holdwas LC imited Liability Company	-
Dear Sir or Madam:	Annea (Anomy Company	
The enclosed application, certificate and fee(s) are	submitted for filing.	
Please return all correspondence concerning this m		
ERIC RAYMAN, EJ 9. Name of Person		
ERIC J RAYMAN PA		
Firm/Company	·_	4
615 NE 3RD AVENUE)	SECON OF THE
Address		題の一個
FORT LAUDETOAK, FL 33 City/State and Zip Code	33 04	FILEED R. 6: 56 DCT 15 R. 6: 56 RETAINSEE, FLORIDE
erice lawhelpflorida.c	MM .	ORIDA ORIDA
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, ple	ease call:	
•	1(954) 336-5550	
Name of Person	Area Code & Daytime Telephone Number	r
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee. Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee S30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & ☐ \$60 Filing Fee Certified Copy Certificate of Certified Cop	Status &

CR2E055 (9/15)

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 State: HH Gulfstram Law	•	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	BOCA RATUN, FL 33444	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BOLA RATON, FL 33444	
2. The Florida document number of this limited liab		
	inwale	
4. Date authorized to do business in Florida:	74/14	
SECTION 11 (5-9 complete only the applicable c		-
5. New name of the limited liability company: (must	t contain "Limited Liability Company, " "L.L.C.," or [] []	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and teach and naging members adopting the alternate name. The alternate name.	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	Florida	
	City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited	

tle/ Capacity	<u>Name</u>	Address	Type of Actio
MBR	HHG Lans Holdings, LLC	30 South Swinton Ave.	Add
		Delray Beach, FL 3344	Ų ⊠ Remo
16R COS Gulfitrenm, LLC	COS Gulfitman, LLC	3299 NW 2002 Ave.	X Add
	·	BOCA Ruton, FL 3344	<mark>Ч</mark> □ Remo
		·	SECTION OF
			- PERAGE 15
			- Remarkant Ale
			Add
			Remov
		Add	

Filing Fee: \$25.00