

M22000014006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

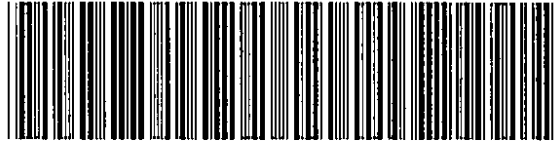
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/19/22--01026--005 **25.00

FILED
2022 SEP 19 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL



LAW OFFICES OF
JOHN J MCGLYNN III
BUSINESS • TAX • REAL ESTATE

729 SW Federal Highway, Suite 102
Stuart, Florida 34994
(772) 600.5115
SouthFLLawFirm.com

September 12, 2022

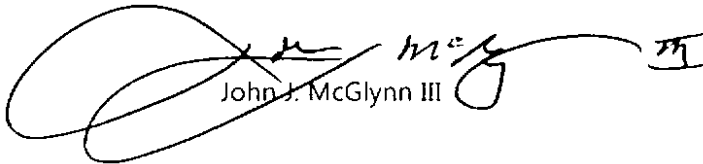
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Elishama Management, LLC – Application by Foreign Limited Liability Company to
File Amendment to Certificate of Authority to Transact Business in Florida**

Dear Corporate Representative:

Enclosed please find the Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Elishama Management, LLC along with the appropriate fee. Please contact my office with any questions or concerns.

Best Regards,



John J. McGlynn III

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elishama Management, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. McGlynn III

Name of Person

Law Offices of John J. McGlynn III

Firm/Company

729 SW Federal Highway Ste 200

Address

Stuart, FL 34994

City/State and Zip Code

jmcglynn@southflawfirm.com

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

For further information concerning this matter, please call:

John J. McGlynn III

at (772) 600-5115

Name of Person

Area Code & Daytime Telephone Number

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

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 (9/15)

FILED
2022 SEP 19 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Elishama Management, LLC

Enter new principal office address, if applicable: _____

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: MY8000014006

3. Jurisdiction of its organization: State of California

4. Date authorized to do business in Florida: July 1, 2022

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 "LLC.")

(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 officer 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

_____, **Florida** _____
City Zip Code

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:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Erick Pedraz	4010 NE Breakwater Drive	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
AP	Jacqueline K. Pedraz	4010 NE Breakwater Drive	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
MGRM	Erick Pedraz	4010 NE Breakwater Drive	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
AMBR	Jacqueline K. Pedraz	4010 NE Breakwater Drive	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

John J. McGlynn III

Typed or printed name of signee

Filing Fee: \$25.00