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09/07/11--01011--001 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 08 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E & H Towing and Recovery 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:

Heather Epstein
Name of Person
E & H Towing and Recovery
Firm/Company
1104 Oak In
Address
winter springs fl 32708
City/State and Zip Code
hepstein38@aol.com
E-mail address: (to be used for future annual report notification)

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11 SEP -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

heather epstein at (**407**) **7905431**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

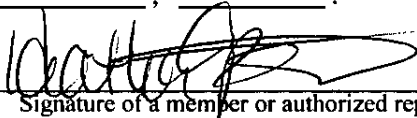
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>eric epstein</u>	<u>1104 oak ln</u> <u>winter springs fl 32708</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>heather epstein</u>	<u>1104 oak ln</u> <u>winter springs fl 32708</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CLERK OF STATE
 TALLAHASSEE, FLORIDA
 11 SEP -7 PM 12:11
 FILED

Dated _____



Signature of a member or authorized representative of a member

heather epstein

Typed or printed name of signee