

L1 0000 116316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

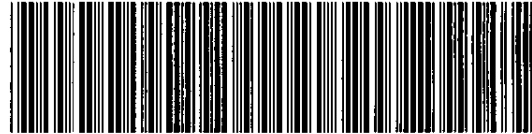
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN - 6 AM 10:59

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T. CLINE

JUN - 7 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL OUTDOOR SPORTS 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:

CONSTANCE DeWEESE

Name of Person

OLIVER & COMPANY PA CPA

Firm/Company

1140 STERLING ROAD

Address

INVERNESS FL 34465

City/State and Zip Code

cdeweese@oliverco.com

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

For further information concerning this matter, please call:

at (352) 746-1400
Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

TOTAL OUTDOOR SPORTS LLC

Page 1 of 2

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:

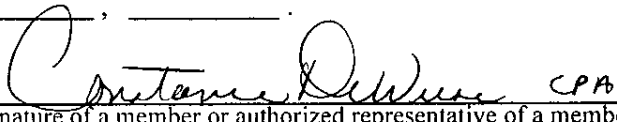
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RON GOODENOW	821 SE US HIGHWAY 19 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated _____

 CPA

Signature of a member or authorized representative of a member

CONSTANCE DeWEESE, CPA OLIVER & COMPANY PA CPA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA