

L11000116139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

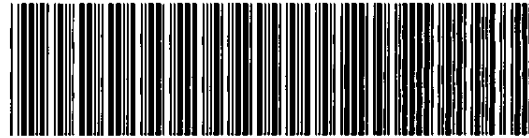
Special Instructions to Filing Officer:

L. SELLERS

OCT 18 2011

EXAMINER

Office Use Only



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11 OCT 17 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 0713 Reman, 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:

Nicole A Ferguson

Name of Person

0713 Reman, LLC

Firm/Company

3511 W Commercial Blvd, Suite 205

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

0713reman@gmail.com

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

For further information concerning this matter, please call:

Nicole A Ferguson

Name of Person

at (954)

612-9863

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

0713 Reman, LLC

(A Florida Limited Liability Company)

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~~

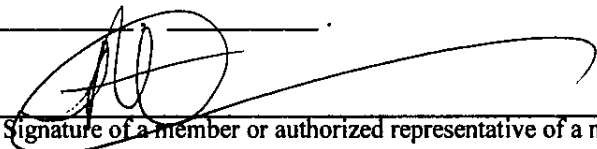
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------------------|--|
| MGR | Nicole A Ferguson | 10736 NW 40th ST Sunrise, FL 33351 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Nicole A Ferguson | 10736 NW 40th ST Sunrise, FL 33351 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

FEI/EIN Number: 36-4710736 (Attached please find SS-4 Form Filed with IRS)

Dated _____


Signature of a member or authorized representative of a member

Nwoye A Ferguson

Typed or printed name of signee