

711023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

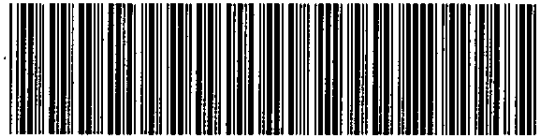
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AC 4/7/10
E. DENNARD

Swift Management Solutions, Inc.
1750 University Drive #205
Coral Springs, FL 33071
Phone: (954)341-6340
Fax: (954)341-4889

March 19, 2010

Florida Dept. of State Division of Corporations
P.O. Box
Tallahassee, FL 32399

RE: Illini Association, Inc. 7/10 23
Account: n/a

G10000030846

Dear Sir/Madam:

This letter is being written to inform you that our firm has taken over the Management of **Illini Association, Inc. effective March 15, 2010**. We are hereby requesting that you change the mailing address on all invoices and correspondence.

Important information as follows and our normal business hours are:

Monday – Friday 9:00am – 4:30pm

Swift Management Office: (954)341-6340

Swift Management Fax: (954)341-4889

Mailing Address: Swift Management Solutions, Inc.
1750 University Drive #205
Coral Springs, FL 33071

If we can be of further assistance or provide any additional information, please do not hesitate to contact us.

Sincerely,

SWIFT MANAGEMENT SOLUTIONS INC.
Illini Association, Inc.