

L000000006097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

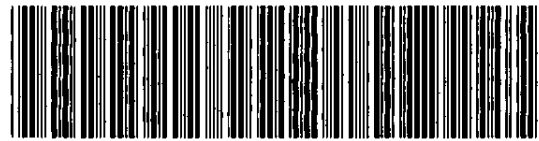
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 21 PM 1:50

T. HAMPTON

DEC 22 2009

EXAMINER

COVER LETTER

TO: . Registration Section
Division of Corporations

SUBJECT: Unger Acree Gilbert Tressler Tackhill & Buak, P.L.
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:

Scott A. Tackhill
Name of Person

Unger Law Group, P.L.
Firm/Company

3203 Lawton Road, Ste. 200
Address

Orlando, FL 32803
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott A. Tackhill at (407) 425-6880
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:

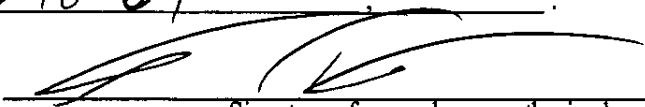
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SCOTT A. TACKILL	3203 Lawton Road Suite 200 Orlando, FL 32803	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	W. CLEVELAND ACRE	same as above	<input type="checkbox"/> Add <input checked="" 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.)

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Dated 12-16-09



 Signature of a member or authorized representative of a member
SCOTT A. TACKILL, Partner

 Typed or printed name of signee