

L01000018486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

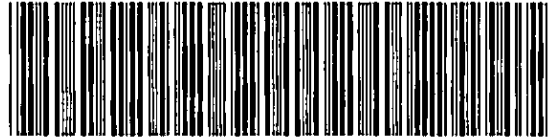
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W18-54892

2018 JUN 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W18-54892

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venturex Management, L.L.C.

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

James G. Burke

Contact Person

Venturex Management, L.L.C.

Firm/Company

3677 Province Drive

Address

Melbourne, FL 32934

City, State and Zip Code

jburke@venturex.ws

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

For further information concerning this matter, please call:

James G. Burke

Name of Contact Person

at (321) 480-8702

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E106 (07/14)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Venturex Management, L.L.C.

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:

James G. Burke

Name of Person

Firm/Company

3677 Province Drive

Address

Melbourne, FL 32934

City/State and Zip Code

JBURKE@VENTUREX.WS

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

For further information concerning this matter, please call:

James G. Burke

321 480-8702

at (_____) _____

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)

*please See Attached
LETTER Re: PRIOR
PAYMENT*

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

ON FILE
2018 JUN 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
in our records

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Purpose of the Professional Limited Liability Company is to provide legal services and to conduct any other lawful business activities.


E. Effective date, if other than the date of filing: 06/27/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 20 2018



Signature of a member or authorized representative of a member

James G. Burke, Manager

Typed or printed name of signee

2018 JUN 29 AM 8:28
SECRETARY OF STATE
ALLAHASSET.FLORNO/

FILED