

**LD3000035787**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

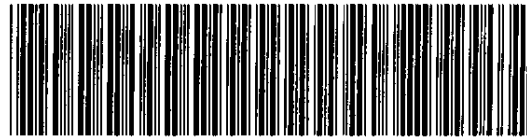
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**2011 APR 11 PM 04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

**APR 12 2011**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORPROFEN, 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:

Sharon Eidelson

Name of Person

CORPROFEN, LLC

Firm/Company

209 DISC DRIVE

Address

BOYNTON BEACH FL 33436

City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Eidelson

Name of Person

at ( 561 )

281-4053

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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2011 APR 14 PM 1:01

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~~TALLAHASSEE, FLORIDA~~

TALLAHASSEE, FLORIDA

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>
PRES	SHARON EIDELSON	209 Disc Drive Boynton Beach, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHARON EIDELSON	209 Disc Drive Boynton Beach, FL 33436	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JEAN S. GONZALEZ	209 Disc Drive Boynton Beach, FL 33436	<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

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

n/a

Dated April 7, 2011



Signature of a member or authorized representative of a member

SHARON EIDELSON, MGRM

Typed or printed name of signee

2011 APR 14 PM 10 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED