

LD3000035872

(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:

Office Use Only



200242940662

12/20/12--01023--018 **220.00

APPROVED
AND
FILED

12 DEC 20 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 21 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Premier Limousine FL, 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:

Elizabeth A. Strole

Name of Person

Rome Clifford Katz & Koerner, LLP

Firm/Company

214 Main Street

Address

Hartford CT 06106

City/State and Zip Code

estrole@rckklaw.com

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

For further information concerning this matter, please call:

Elizabeth A. Strole

Name of Person

at **(860) 527-7044**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 20 PM 12:55

APPROVED
AND
FILED

APPROVED
AND
FILED

12 DEC 20 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

APPROVED
AND
FILED
12 DEC 20 PM 9:55
SECRETARY OF
TALLAH
SS. FLA.
MOA

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

Dated December 18, 2012



Signature of a member or authorized representative of a member

Elizabeth A. Strole

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APPROVED
AND
FILED
12 DEC 20 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA