

LD3000038436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

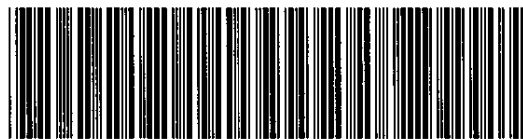
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Called +
talked to Donna
Only update MGRM
(P) 9-19-12

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2012 SEP 18 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valiant Equipment, LLC, a Florida limited liability co.
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:

Donna Starcevic

Name of Person

Valiant Equipment, LLC

Firm/Company

9 West Tower Circle

Address

Ormond Beach, FL. 32174

City/State and Zip Code

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

For further information concerning this matter, please call:

Donna Starcevic

Name of Person

at (386)

677 9316

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Valiant Equipment, LLC,

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>
<u>Manager</u>	<u>Donna Starcevic</u>	<u>9 West Tower Cir</u> <u>Ormond Bch, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>Paul Starcevic</u>	<u>9 West Tower Cir</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>William Starcevic</u>	<u>9 West Tower Cir</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>Dennis Amendolia</u>	<u>9 West Tower Cir</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>Linda Dunleavy</u>	<u>9 West Tower Cir</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Member</u>	<u>William Starcevic II</u>	<u>9 West Tower Cir</u> <u>Ormond Beach, FL 32174</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

Sept. 17, 2012

Donna Starcevic

Signature of a member or authorized representative of a member

Donna Starcevic

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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