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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Adam Robinson Team, 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:

Adam Robinson
Name of Person

The Adam Robinson Team, LLC
Firm/Company

5039 Ocean Blvd.
Address

SARASOTA, FL. 34242
City/State and Zip Code

carol@adamrobinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Robinson at (941) 726-7649
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

FILED

The Adam Robinson Team, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records, TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

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>
MGRM	Adam Robinson	4838 Higel ST. SARASOTA, FL. 34242	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Norwine	301 John Ringling Blvd SARASOTA, FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES	Adams, Robinson	4838 Higel ST. SARASOTA, FL. 34242	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	ERIC L. ROBINSON	5039 Ocean Blvd. SARASOTA, FL. 34242	<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

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

Dated 3/30, 2010.

Carol Manville

Signature of a member or authorized representative of a member

CAROL MANVILLE

Typed or printed name of signee

FILED
2010 APR -5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA