

LD4000045615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

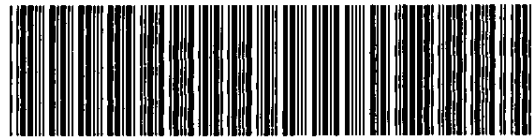
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



400199820464

03/31/11--01012--002 **25.00

FILED
11 MAR 31 PM 12:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 01 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Lazer Communications, 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:

SCOTT Elerick

Name of Person

LAZER COMMUNICATIONS, LLC

Firm/Company

650 14th AV SOUTH

Address

SAFETY HARBOR FL 34695

City/State and Zip Code

becca.lazer@aol.com

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

For further information concerning this matter, please call:

SCOTT ELERICK

Name of Person

at 727 224 1531

Area Code & Daytime Telephone Number

FILED
11 MAR 31 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LAZER COMMUNICATIONS, 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:

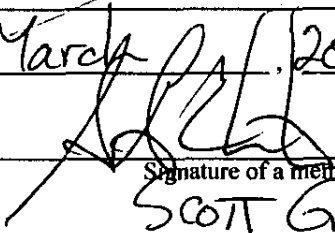
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RM	Elerick, Gary C	1815 Gladys Street Largo FL 33774	<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
			<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.)

Dated 28 March 2011


Signature of a member or authorized representative of a member

SCOTT G. Elerick
Typed or printed name of signee

FILED
11 MAR 31 PM 12:29
CLERK OF STATE
TALLAHASSEE, FLORIDA