

L04000090712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

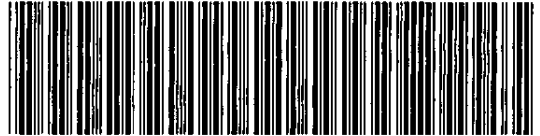
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

SEP - 4 2009

EXAMINER



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09/03/09--01008--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP -3 AM 6:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EU-US INVESTMENT, 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:

CHARLOTTE DE WAAL

Name of Person

EU-US INVESTMENT, LLC

Firm/Company

3451 BAYOU SOUND

Address

LONGBOAT KEY, FL 34228

City/State and Zip Code

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

For further information concerning this matter, please call:

CHARLOTTE DE WAAL at (941) 383-2500

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

EU-US INVESTMENT, 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>MGRM</u> | <u>CHARLOTTE DE WAAL</u> | <u>4915 - 1ST AVE E</u> <u>BRADENTON, FL 34208</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|-------------|--------------------------|---|--|

| | | | |
|-------------|-------------------------|---|--|
| <u>MGRM</u> | <u>MARIANNE DE WAAL</u> | <u>4915 - 1ST AVE E</u> <u>BRADENTON, FL 34208</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|-------------|-------------------------|---|--|

| | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
|-------|-------|-------|---|

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

Dated 8/30, 2009.



Signature of a member or authorized representative of a member

CHARLOTTE DE WAAL, MEMBER

Typed or printed name of signee