

L05000034626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 SEP -4 AM 7:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -5 2012

EXAMINER

# *First Florida Insurance, LLC*

*825 Parkway Plaza, Suite 31  
Jupiter, FL 33477  
Ph: 561-743-5688  
Fax: 561-743-5735*

*August 31, 2012*

*Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301*

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SEP - 4 AM 7:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Re: Certificate of Status- L05000034626*

*To whom it may concern:*

*Please find enclosed the Amendment request for the above captioned LLC. We are in the process of applying for a New York State License and it is being held up due to the missing comma in our name. We would appreciate any assistance in the process and receipt of this form to our office as soon as possible. You may overnight the form and bill us for the delivery fee. If you have any questions or need any additional information, please contact our office. Thanking you in advance for all your assistance.*

*Sincerely,*



*Lauren Reggio  
Customer Service Representative*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** First Florida Insurance, 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:

Jeffrey Marshall Platz  
Name of Person

First Florida Insurance, LLC  
Firm/Company

825 Parkway Plaza #31  
Address

Jupiter, FL 33477  
City/State and Zip Code

jeff@1stflins.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Jeff Platz at ( 561 ) 743-5688  
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



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
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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.)*

2012 SEP -4 AM 7:42  
 FLA INSURANCE  
 STATE  
 TALLAHASSEE, FL 32310

FILED

Dated \_\_\_\_\_

X 

Signature of a member or authorized representative of a member

X JEFF PLASZ  
 Typed or printed name of signer