

L050000L0513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

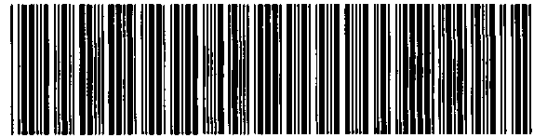
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AUG 16 2010

EXAMINER



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10 AUG 12 AM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMSTRONG & ASSOCIATES, 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:

WILLIAM R. ARMSTRONG
Name of Person

ARMSTRONG & ASSOCIATES, LLC
Firm/Company

210 SUTTON STREET
Address

ROCKLEDGE, FL 32955
City/State and Zip Code

WARMSTRONG5@CFI.FL.GOV
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM ARMSTRONG at (321) 544-4657
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

ARMSTRONG & ASSOCIATES, LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

14

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>
MGR	Michael E. Miller	5465 Sand Lake Dr Melbourne, FL 32934	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	WAYNE ARMSTRONG	2172 SANDALWOOD DRIVE MELBOURNE, FL 32935	<input checked="" 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 _____, _____

William R. Armstrong
Signature of a member or authorized representative of a member
WILLIAM R. ARMSTRONG
Typed or printed name of signee