

L05000068452

(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



600131984156

07/09/08--01026--008 **25.00

FILED

08 JUL -9 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 10 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: METROPOLITAN CONSULTING, 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:

DAN NGHE

(Name of Person)

METROPOLITAN CONSULTING, LLC

(Firm/Company)

5047 TERRA LAKE CIR,

(Address)

PENSACOLA, FL 32507

(City/State and Zip Code)

For further information concerning this matter, please call:

DAN NGHE

(Name of Person)

at (850) 485-1046

(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
08 JUL -9 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(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>
MGR	DANH NGUYEN	5047 TERRA LAKE CIR PENSACOLA, FL 32507	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAN NGHE	SAME	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PHUONG LE	SAME	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAT LANE	SAME	<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

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

N/A

FILED
 08 JUL -9 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JULY 08, 2008

Signature of a member or authorized representative of a member

DAN NGHE

Typed or printed name of signee