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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 2 2011

EXAMINER

COVER LETTER

TO: ☒ Registration Section
Division of Corporations

SUBJECT: PARTNERSHIP TRAVEL 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:

David E. Parker

Name of Person

Partnership Travel Consulting, LLC

Firm/Company

775 Main Street, Ste. 603

Address

Buffalo, New York 14203

City/State and Zip Code

dparker@partnershiptc.com

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

For further information concerning this matter, please call:

David E. Parker

Name of Person

at (716)

Area Code & Daytime Telephone Number

903-8797

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

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TALLAHASSEE, FLORIDA

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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:

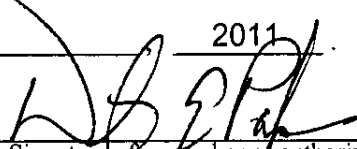
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia Menkes	1217 E. Cape Coral Parkway Cape Coral, FL 33904	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated October 9 2011


Signature of a member or authorized representative of a member

David E. Parker

Typed or printed name of signee

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