

LOL 000043270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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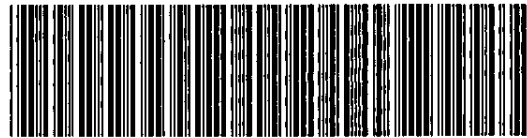
(Business Entity Name)

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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOPKIN, EGNER & PARTLOW, P.L.
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:

Sanford R. Topkin
Name of Person

Topkin, Egner, Partlow & Rader, PL
Firm/Company

1166 W. Newport Center Drive, Suite 309
Address

Deerfield Beach, FL 33442
City/State and Zip Code

stopkin@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanford R. Topkin at (954) 422-8422
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

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TALLAHASSEE, FLORIDA

TOPKIN, EGNER & PARTLOW, P.L.

Topkin, Egnor, Partlow & Pader, P.L.

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

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

Dated

November 14

Signature of a member or authorized representative of a member

SAN FERNANDO ROY TOLKIN, Esq.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
NOV 14 2011
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