

LOD 000002018

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000029289 3)))



H150000292893ABC3

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305) 823-9292
Fax Number : (305) 824-0703

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: HANK@TAXCONSULTANTSGROUP.COM

RECEIVED
15 FEB -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHERN BUSINESS TELEPHONE. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 06 2015
J. BRUCE



February 5, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SOUTHERN BUSINESS TELEPHONE, LLC
815 N. HOMESTEAD BLVD.
429
HOMESTEAD, FL 33030US

SUBJECT: SOUTHERN BUSINESS TELEPHONE, LLC
REF: L06000062018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H15000029289
Letter Number: 615A00002368

(See Attached Correction)

RECEIVED

15 FEB -5 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized 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
		_____	<input type="checkbox"/> Remove

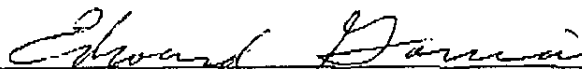
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

D. If amending any other information, enter change(s) H15000029289 3 (additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 5, 2015.



Signature of a member or authorized representative of a member

EDWARD GARCIA

Typed or printed name of signee

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Filing Fee: \$25.00

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