

L06000076006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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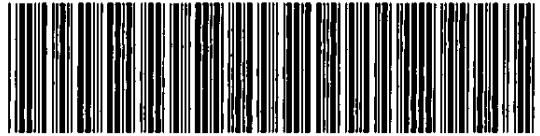
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 10 PM 2:28

T. HAMPTON

MAY 11 2010

EXAMINER

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: W F GREEMBERG & COMPANY, 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:

ROBERT P. FRITTS, ESQ.

Name of Person

ROBERT P. FRITTS, P.A.

Firm/Company

5700 Lake Worth Road, Suite 105

Address

Lake Worth, FL 33463

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT P. FRITTS

Name of Person

at (561) 964-9665

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

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	WILLIAM F. GREENBERG AND DEBORAH L. GREENBERG, CO- TRUSTEES OF THE GREENBERG FAMILY TRUST DATED 10/3/2006	17888 67th Court North Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	W.F. GREENBERG	17888 67th Court North Loxahatchee, FL 33470	<input type="checkbox"/> Add <input checked="" 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 _____

Signature of a member or authorized representative of a member


~~W.F.~~ WILLIAM F GREENBERG

Typed or printed name of signee

10 MAY 10 PM 2:29

SECRETARY OF STATE
DIVISION OF CORPORATIONS