

L06000092437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

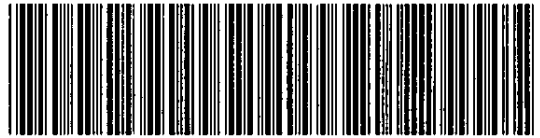
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500158726875

07/23/09--01010--002 **25.00

09 JUL 23 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. C. JUL 24 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRADWELL HUDDLE HOUSE, 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:

MONTE C. BRADWELL

Name of Person

Firm/Company

18300 BLUE STAR HIGHWAY P O BOX 2007

Address

QUINCY, FLORIDA 32351

City/State and Zip Code

djetton@digitalexp.com

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

For further information concerning this matter, please call:

DEWEY J JETTON

Name of Person

at (**850**)

627-9528

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
09 JUL 23 PM 12:02
SECRETARY OF STATE
ALLAHASSEE FLORIDA
records.)

SECRETARY OF STATE
ALLAHASSEE FLORIDA
records.

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:

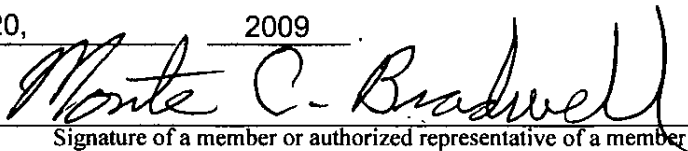
MGR = Manager

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
			<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 JULY 20, 2009



Signature of a member or authorized representative of a member

MONTE C. BRADWELL

Typed or printed name of signee

FILED
09 JUL 23 PM 12:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA