

L07000010088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

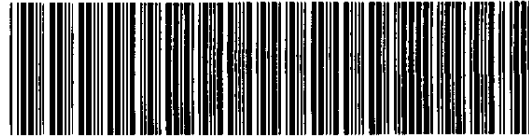
(Business Entity Name)

(Document Number)

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2011 JUN 14 AM 9:48  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. SAULSBERRY  
EXAMINER  
JUN 17 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STRATEGIC DISTRIBUTION SOLUTIONS  
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:

WENDY EDMOND

Name of Person

STRATEGIC DISTRIBUTION SOLUTIONS, LLC

Firm/Company

12479 NATUREVIEW CIRCLE

Address

BRADENTON, FLORIDA. 34212

City/State and Zip Code

WENDY@SDSOLUTIONS-LLC.COM

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

For further information concerning this matter, please call:

WENDY EDMOND

Name of Person

at ( 941 )

527 1255

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STRATEGIC DISTRIBUTION SOLUTIONS, LLC

(A Florida Limited Liability Company)

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>
MR	THOMAS EDMOND	12479 NATUREVIEW CIRCLE BRADENTON FLORIDA 34212	<input checked="" 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) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated

June 7th, 2011.

*Wendy Edmond*

Signature of a member or authorized representative of a member

WENDY EDMOND

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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