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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

SUBJECT: Skilled Bros. Services L.L.C.						
(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:						
Tan Rickard (Name of Person) Skilled Bros Services L.L.C. (Firm/Company) 943 Neuse Ave (Address) Orlando, FL 32804 (City/State and Zip Code)						
For further information concerning this matter, please call: Tan Rickard at (407) 953-1727 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solution}\$\$\$ S25.00 Filing Fee & \text{Solution}\$\$\$ Certificate of Status \$\text{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

TO:

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

Skilled Br	52759 owing: the limited liability company here:	and assigned
B. If amending the registered agent and/or registered agent and/or the new registered of		s, enter the name of the new
		ls, enter the name of the new
registered agent and/or the new registered of Name of New Registered Agent:	fice address here:	a street address)

(If Changing Registered Agent, Signature of New Registered Agent)

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	n <u>Desmond</u> Rickard	2231 Churchill Downs Cir.	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter ch Change of add	ange(s) here: (Attach additional sheets, if necessary.)	_ `
	new address: 9	ress: 43 Neuse Ave Dilando, FL 32804	FILED STATE SECRETARY OF STATE OR JAN 24 PM 3: 02
Dated	2-11	08	OF STATE OF
	Iq	mber or authorized representative of a member Rickard ped or printed name of signee	· ·

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Filing Fee: \$25.00