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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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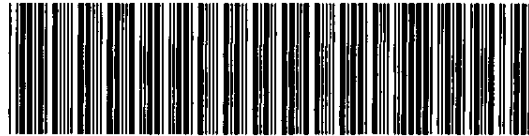
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 29 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stinson Forensic Insurance Consulting, 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:

Steven A. Stinson

Name of Person

Attorney at Law

Firm/Company

Suite 209, 5725 Corporate Way

Address

West Palm Beach, FL 33407

City/State and Zip Code

stevenastinson@gmail.com

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

For further information concerning this matter, please call:

Steven A. Stinson

Name of Person

at (**561**)

707-8707

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

3. Purpose: The purpose for which the Company is organized is to 1) engage
in forensic insurance consulting before, during & after trial and such other
forensic consulting for which the member or its employees are qualified and 2) to
provide seminars to paralegals and attorneys in the area of insurance,
insurance law, etc. as well as all powers vested in a limited liability company.

Dated December 23, 2011.



Signature of a member or authorized representative of a member

Steven A. Stinson

Typed or printed name of signee