

# LO7000W76599

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

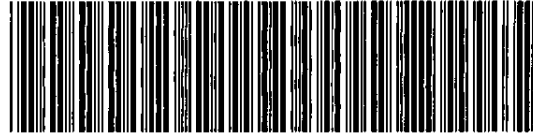
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 APR 26 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan APR 27 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Barley, McNamara, Wild & Martin Tax Services, PL  
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:

David P Barley, Sr

Name of Person

Barley, McNamara, Wild & Martin, PL

Firm/Company

5150 Belfort Rd., Building 400

Address

Jacksonville, FL 32256

City/State and Zip Code

dbarley@bmwcpa.com

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

For further information concerning this matter, please call:

David P Barley, Sr.

Name of Person

at ( 904 )

694-4272

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



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

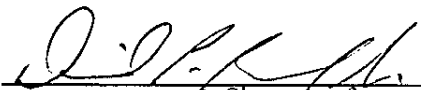
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

David P Barley, Sr., President/Managing Member

Typed or printed name of signee