

L08000002313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

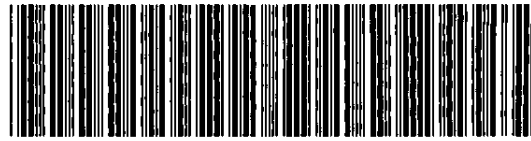
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 16 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASTERS, SCHWARTZ & COLE, 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:

DANIEL COLE CPA

Name of Person

MASTERS, SCHWARTZ & COLE LLC

Firm/Company

11776 W. SAMPLE RD #106

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

dcole@msccpa.com

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

For further information concerning this matter, please call:

DANIEL COLE

Name of Person

at (954)

755-1760

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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MASTERS, SCWARTZ & COLE, LLC

EXPIRATION DATE 05/01/12

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
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		_____	<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.)*

NO CHANGE IN MEMBERS OR MANAGING MEMBERS

THE EFFECTIVE DATE OF THIS NAME CHANGE IS MAY 1, 2012

Dated APRIL 3, 2012

Signature of a member or authorized representative of a member

DANILE COLE CPA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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