

L08000024978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

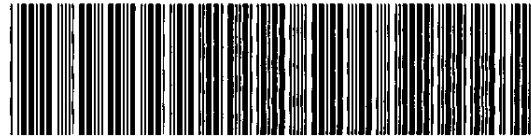
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300212583033

10/04/11--01005--008 **25.00

FILED
11 OCT -4 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Courtly Express 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:

Drew Glenn
Name of Person
Courtly Express Llc
Firm/Company
8348 Little Rd
Address
New Port Richey FL 34654
City/State and Zip Code
WOA2007@MSN.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl Shepard at (813) 649 4345
Name of Person 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

FILED
OCT-4 AM 11:51
TALLAHASSEE, FL 32301

COURTLY EXPRESS LLC
(Name of the Limited Liability Company or it now appears on any records)

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>
MANG	TATIANA V	8348 Little Rd	☒ Add
	UKIHOVA	New Port Riche FL	☐ Remove
		34654	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

FILED
11 OCT -4 AM 10 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Signature of a member or authorized representative of a member

Dr. Glenn

Typed or printed name of signee