

LO8000028263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

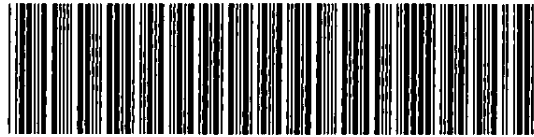
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 MAY 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY 19 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Universal Financial Group of Tamarac, 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:

Keith W. Gruebele
(Name of Person)

First Universal Financial Group of Tamarac, LLC
(Firm/Company)

7153 NW 88th Ave
(Address)

Tamarac, FL 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Keith W. Gruebele at (954) 263-6399
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

First Universal Financial Group of Tamarac, LLC
(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:

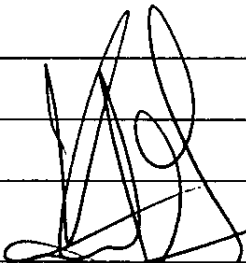
MGR = Manager
MGRM = Managing Member

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

Dated _____



 Signature of a member or authorized representative of a member
 Keith W. Gruebel

 Typed or printed name of signee