

LO8000032092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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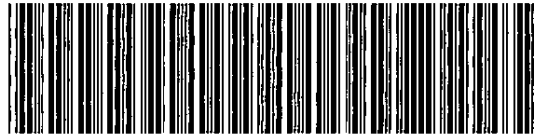
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 16 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OUTDOOR NETWORK, 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:

Betsy Jones

Name of Person

G. Luis Alday, CPA, P.A.

Firm/Company

2401 E. Atlantic Boulevard, Suite 410

Address

Pompano Beach, Florida 33062

City/State and Zip Code

betsyjones@glacpa.com

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

For further information concerning this matter, please call:

G. LUIS ALDAY, CPA

Name of Person

at ( 954 )

580-4004

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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OUTDOOR NETWORK, LLC

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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>
MGRM	THOMAS D'AZEVEDO	730 US 27 NORTH LAKE PLACID, FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BILLYE D'AZEVEDO	730 US 27 NORTH LAKE PLACID, FL 33852	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	THOMAS D'AZEVEDO	730 US 27 NORTH LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

Dated JUNE 9, 2009

  
Signature of a member or authorized representative of a member

THOMAS D'AZEVEDO

Typed or printed name of signee

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