

L08000032621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

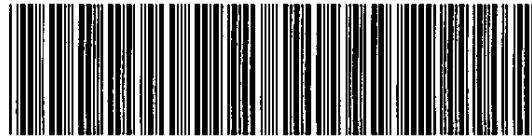
Special Instructions to Filing Officer:

A. LUNT

SEP 24 2009

EXAMINER

Office Use Only



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09/23/09--01011--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 23 AM 11:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAST COAST TAXI 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:

GERMAN A. MELENDEZ

Name of Person

EAST COAST TAXI LLC.

Firm/Company

4801 GEORGIA AVENUE

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

EASTCOASTTAXI@LIVE.COM

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GERMAN A.

Name of Person

at (561)

633-0808

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

EAST COAST TAXI LLC.

Page 1 of 2

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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

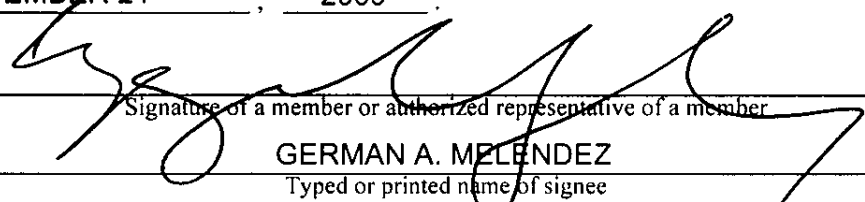
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GERMAN A. MELENDEZ	4801 GEORGIA AVENUE WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 21, 2009


 Signature of a member or authorized representative of a member
 GERMAN A. MELENDEZ
 Typed or printed name of signee