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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 19 PM 1:53

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G & O SUPERION, 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:

ROBERT N NEWMAN

Name of Person

Firm Company

16856 90TH ST N

Address

LOXAHATCHEE

City State and Zip Code

bob2you 2000@yahoo.com

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

For further information concerning this matter, please call:

ROBERT N NEWMAN

Name of Person

at (**561**)

676-6420

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

G & O SUPERIOR, LLC

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>
MGRM	ROBERT N NEWMAN	16856 90TH ST N LOXAHATCHEE, FL 33470 (EFFECTIVE DATE-11/16/2009)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11/16, 2009



Signature of a member or authorized representative of a member

ROBERT N. NEWMAN

Typed or printed name of signee