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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Fussell Insurance and Benefits, 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:

William J. Anderson

Name of Person

William J. Anderson, P.A.

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

Bill@williamanderson.biz

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

For further information concerning this matter, please call:

William J. Anderson

Name of Person

at (954)

332-3744

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

OF

(A Florida Limited Liability Company)

Florida document number L08000071430

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	Timothy R. Fussell	1007 N. Federal Highway Suite 292 Fort Lauderdale, FL 33308	☐ Add ☒ Remove
MGRM	Timothy Ray Fussell Revocable Trust Agreement First Amendment and Restatement dated March 3, 2001	1007 N. Federal Highway Suite 292 Fort Lauderdale, FL 33308	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 1, 2010

Signature of a member or authorized representative of a member
William J. Anderson, P.A.

Typed or printed name of signee