

L08000050895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

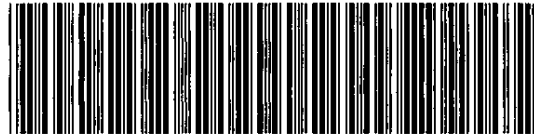
Special Instructions to Filing Officer:

A. LUNT

MAY 30 2008

EXAMIN

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05/29/08--01018--010 \*\*25.00

2008 MAY 29 P 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: \_\_\_\_\_ John J Susan, LPTA, 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:

\_\_\_\_\_  
John J Susan  
(Name of Person)

\_\_\_\_\_  
John J Susan, LPTA, LLC  
(Firm/Company)

\_\_\_\_\_  
147 Homestead Avenue  
(Address)

\_\_\_\_\_  
DeBary, Florida 32713  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

\_\_\_\_\_  
John J Susan at ( 386 ) 668-1156  
(Name of Person) (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



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>
	N/A		<input 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
			<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 \_\_\_\_\_

*John J. Susaw, LPTA, LLC*  
 Signature of a member or authorized representative of a member

John J. Susaw, LPTA, LLC  
 Typed or printed name of signee

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**