

L 080000 66976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

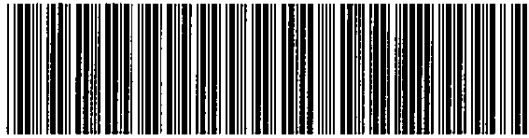
(Business Entity Name)

(Document Number)

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B. KOHR

JUL 30 2009

EXAMINER

FILED
09 JUL 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GDWITT, 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:

Don R. Frankenberg

Name of Person

Firm/Company

2165 Sunnydale Blvd, Suite A

Address

Clearwater, FL 336765

City/State and Zip Code

frankenberg@erringtonconstruction.com

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

For further information concerning this matter, please call:

Don R. Frankenberg

Name of Person

at (727)

442-6699

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

FILED
JUL 28 AM 9:19
TALLAHASSEE, FLORIDA

FILED
09 JUL 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)**

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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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.)*

N/A

Dated July 27, 2009.

 CPA

Signature of a member or authorized representative of a member

Don R. Frankenberg

Typed or printed name of signee