

L08000076494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

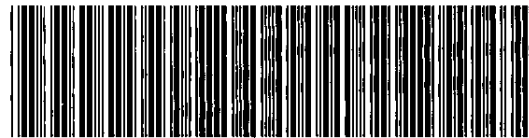
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV -8 PM 2:00

FILED

C. LEWIS
NOV 9 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSP RENTAL OF CENTRAL FLORIDA, 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:

DOUGLAS MYERS
Name of Person
MSP RENTAL OF CENTRAL FLORIDA, LLC
Firm/Company
4611 DIGNAN STREET
Address
JACKSONVILLE FL 32254
City/State and Zip Code
dmyers@myersseth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS MYERS at (**904**) **389-6114**
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

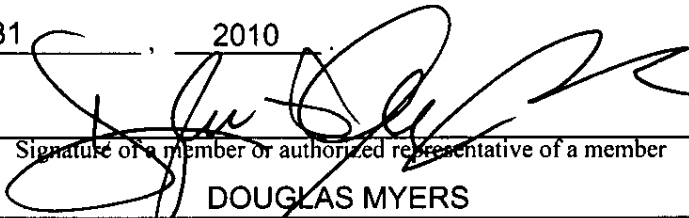
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|---|--|
| MGR | TERESA MYERS | 6246 RIVIERA MANOR DRIVE JACKSONVILLE FL 32216 | <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 OCTOBER 31, 2010


Signature of a member or authorized representative of a member
DOUGLAS MYERS
Typed or printed name of signee

2010 NOV - 8 PM 00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED