

L08000094121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

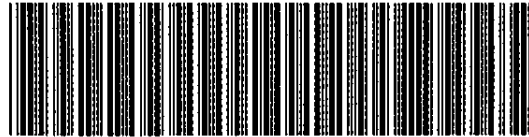
(Business Entity Name)

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TALLAHASSEE, FLORIDA

2012 JAN 31 AM 9:08

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T. CLINE  
FEB - 1 2012  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: THE BALANCING ACT TV, 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:

PATRICIA KLEIN, ESQ.

Name of Person

PATRICIA KLEIN, P.A.

Firm/Company

2001 W. SAMPLE ROAD, SUITE 412

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

patriciak@pkleinlaw.com

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

For further information concerning this matter, please call:

PATRICIA KLEIN, ESQ.

Name of Person

at ( 954 )

935-3171

Area Code & Daytime Telephone Number

2012 JAN 31 AM 9:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

THE BALANCING ACT TV, 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	GERALD M. CZARNECKI	2001 W. SAMPLE ROAD SUITE 101 POMPAN0 BEACH, FL 33064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARK ALFIERI	2001 W. SAMPLE ROAD SUITE 101 POMPAN0 BEACH, FL 33064	<input checked="" 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

2019  
MAR 31  
STATE  
CLERK  
OFFICE  
TALLAHASSEE, FLORIDA

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

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Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

PATRICIA KLEIN, ESQ.  
Typed or printed name of signee