

L08000115721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

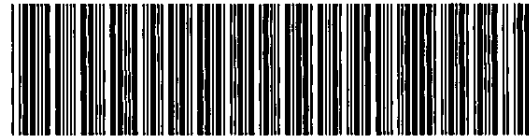
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

12 OCT - 3 AM 10:29

FILED

B. BOSTICK
OCT - 5 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRATEGIC BUSINESS CONSULTING & MANAGEMENT, |
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:

HANS G. KLENKE

Name of Person

STRATEGIC BUSINESS CONSULTING & MANAGEMENT, |

Firm/Company

134 15th AVE. N

Address

SAINT PETERSBURG, FL 33704

City/State and Zip Code

rgraham1@aol.com

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

For further information concerning this matter, please call:

RONALD L. GRAHAM

Name of Person

at (**239**)

472-7001

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

TALLAHASSEE, FLORIDA

12 OCT -3 AM 10:29

12 OCT 1997

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

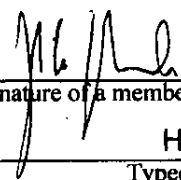
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOCHEN F. OSTERMANN	134 15th AVE. N SAINT PETERSBURG, FL 33704	☒ Add ☐ Remove
_____	_____	_____	☐ 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.)*

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 12 OCT -3 PM 10:29
BY 60320

Dated 09/27/2012


Signature of a member or authorized representative of a member

HANS G. KLENKE

Typed or printed name of signee