

LO8000 115721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRATEGIC BUSINESS CONSULTING & MANAGEMENT, 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:

JOCHEN F. OSTERMANN

Name of Person

STARTEGIC BUSINESS CONSULTING & MANAGEMENT, LLC

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

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TALLAHASSEE, FLORIDA

Page 1 of 3

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	<input type="checkbox"/> Add
		SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Remove
MGRM	LISTRUP INVEST, LLC	134 15th AVE. N	<input checked="" type="checkbox"/> Add
		SAINT PETERSBURG, FL 33704	<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 11/12/2012



Signature of a member or authorized representative of a member

JOCHEN F. OSTERMANN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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