

L0900000 1411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

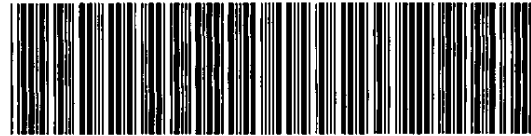
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800184536808

08/27/10--01038--005 **25.00

FILED
10 AUG 27 PM 1:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 30 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citrus Solutions, 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:

Joyce M. Blackmon

Name of Person

Citrus Solutions, LLC

Firm/Company

P.O. Box 1341

Address

Zolfo Springs, FL 33890

City/State and Zip Code

jblackmon@embarqmail.com

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

For further information concerning this matter, please call:

Joyce M. Blackmon

Name of Person

at (863)

990-2202

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Citrus Solutions, 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>
PMGR	Fred Matthew Moyer	P.O. Box 1341 Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kelly Wadsworth Moyer	P.O. Box 1341 Zolfo Springs, FL 33890	<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

FILED
10 AUG 23 PM 1:59
CLERK OF SUPERIOR COURT
ALACHUA COUNTY, FLORIDA

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

Dated 8/23, 2010.

Fred Matthew Moyer

Signature of a member or authorized representative of a member

Fred Matthew Moyer

Typed or printed name of signee