

L09000005142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

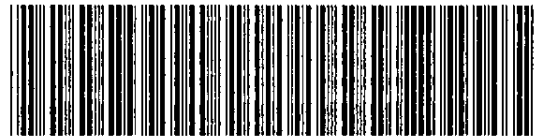
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**G. MCLEOD**

APR 20 2011

**EXAMINER**



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FILED  
11 APR 19 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JUELLE MARINE 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:

**DWAIN BROWN**

Name of Person

**JADE PARADISE LLC**

Firm/Company

**1655 N. COMMERCE PKWY**

Address

**WESTON FLORIDA, 33326**

City/State and Zip Code

**d.brown@juellemotors.com**

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

For further information concerning this matter, please call:

**Dwain Brown**

Name of Person

at ( **954** )

**980-0829**

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

**JUELLE MARINE LLC**

(A Florida Limited Liability Company)

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

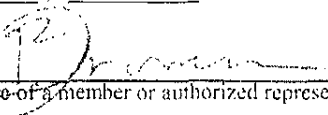
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARL ELSAMMAK	1655 N Commerce Pkwy. Weston FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VICTOR SPENCE	1655 N Commerce Pkwy. Weston FL 33326	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 4/6/ 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Dwain Brown  
\_\_\_\_\_  
Typed or printed name of signee