

10900007750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

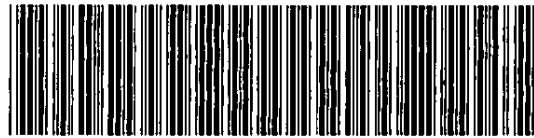
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

G. MCLEOD
Office Use Only

MAY - 5 2010

EXAMINER



100177888851

05/03/10--01036--011: **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 4 PM 3: 16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GONZALEZ PROJECT 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:

DAVY GONZALEZ

Name of Person

GONZALEZ PROJECT LLC

Firm/Company

60 SEA CROFT DR

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

TPANAMASUN@JUNO.COM

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

For further information concerning this matter, please call:

JIMMY GONZALEZ

Name of Person

at (850)

419-9217

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

GONZALEZ PROJECT, 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 | JIMMY GONZALEZ | 60 SEA CROFT DR SANTA ROSA BEACH FL 32459 | <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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated 04/28, 2010



Signature of a member or authorized representative of a member

DAVY GONZALEZ

Typed or printed name of signee