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(City/State/Zip/Phone #)

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JUN - 9 2009

EXAMINER



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06/08/09--01019--020 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
09 JUN - 8 PM 12: 09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOON & MILENKEVICH 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:

MARK MOON
Name of Person

MOON LAW GROUP
Firm/Company

705 N PARSONS AVE
Address

BRANDON FL 33510
City/State and Zip Code

MMOON@MOONLAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK MOON at (727) 458-4663
Name of Person 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

SECRETARY OF DEFENSE
DIVISION OF COMPTROLLER
JUN -8 PM 12:09

(Name of the Limited Liability Company as it now appears on our records.)
(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>
MBM	Mark Sodhi	777 N. Ashley Drive #1308 Tampa, FL 33602	<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 _____,

Signature of a member or authorized representative of a member
MARK R MOON

Typed or printed name of signee