

**L09000016403**

\_\_\_\_\_  
(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



900144159719

03/03/09--01001--004 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB 27 PM 2:50

FILED

**C. LEWIS**  
MAR - 2 2009  
**EXAMINER**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: C & W GRAPPLE & DEBRI, 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:

David N. Sowerby, Esq.  
(Name of Person)

Melville & Sowerby, P.L.  
(Firm/Company)

2940 South 25th Street  
(Address)

Ft. Pierce, FL 34981  
(City/State and Zip Code)

For further information concerning this matter, please call:

David N. Sowerby, Esq. at ( 772 ) 464-7900  
(Name of Person) (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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2009

DAVID N. SOWERBY, ESQ.  
MELVILLE & SOWERBY, PL  
2940 S. 25 STREET  
FT. PIERCE, FL 34981

SUBJECT: C & W GRAPPLE & DEBRI, LLC  
Ref. Number: L09000016403

We have received your document for C & W GRAPPLE & DEBRI, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign your check and return to my attention, Carolyn Lewis.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 209A00006499

FILED

2009 FEB 27 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

## 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

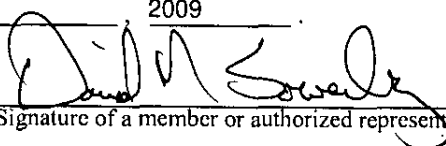
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

Dated February 20

2009



Signature of a member or authorized representative of a member

David N. Sowerby

Typed or printed name of signee

2009 FEB 27 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED