

LD9000018673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

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D. BRUCE  
JUL 29 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APPTIMATION, 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:

RUDY DEWULF

Name of Person

APPTIMATION, LLC

Firm/Company

1632 BONITA BLUFF CT

Address

RUSKIN, FL 33570

City/State and Zip Code

RDW@APPTIMATION.COM

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

For further information concerning this matter, please call:

CAROL J. FOSTER, E.A.

Name of Person

at ( 941 )

727-5253

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 STATE  
TALLAHASSEE, FLORIDA

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APPTIMATION, 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	Matthew Ferringer	15049 CONFERENCE CENTER DR CHANTILLY, VA 20151 MAIL CODE: CH4-500	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Girvan Inst of Technology	200 CONTINENTAL BLVD, STE 301 EL SEGUNDO, CA 90245 CEO, Paul J. Coleman, Jr.	<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 JULY 23, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
RUDY DEWULF  
\_\_\_\_\_  
Typed or printed name of signee

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