

LD9000019926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

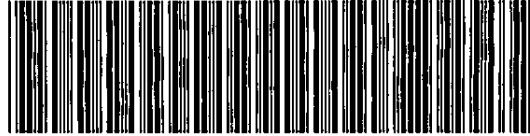
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LD9-19926

Amend

12/23/15--01028--016 **25.00

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15 DEC 29 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PC PLANET, 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:

RALF WOERSDOERFER

Name of Person

PC PLANET, LLC

Firm/Company

1303 W. MAIN STREET

Address

LEESBURG, FL 34748

City/State and Zip Code

support@pc-planets.com

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

For further information concerning this matter, please call:

SANDRA WOERSDOERFER

352 504-4914

Name of Person

at (_____) _____

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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and assigned

FILED

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

Florida document number L09000019926

A. If amending name, enter the new name of the limited liability company here:

1303 W. MAIN STREET

LEESBURG, FL 34748

1303 W. MAIN STREET

LEESBURG, FL 34748

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	NATHAN M RICKER	33536 TARLTON DR	<input type="checkbox"/> Add
		LEESBURG, FL 34788	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	ASHTEN GRINER	1223 W. MAIN STREET	<input type="checkbox"/> Add
		LEESBURG, FL 34748	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	RALF WOERSDOERFER	1303 W. MAIN STREET	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	SANDRA WOERSDOERFER	1303 W. MAIN STREET	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA
 DIV. OF STATE

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

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

RALF WOERSDOERFER

Typed or printed name of signee