

109000024238

(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



900163852069

12/23/09--01005--001 \*\*25.00

FILED  
09 DEC 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 24 2009

EXAMINER

## COVER LETTER

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

SUBJECT: Blessing Insurance Associates 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:

Kelly P Blessing

Name of Person

Blessing Insurance Management LLC

Firm/Company

7200 Ridge Road, Suite #7

Address

Port Richey, FL 34668

City/State and Zip Code

Kpblessing@gmail.com

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

For further information concerning this matter, please call:

Kelly P Blessing

Name of Person

at ( 727 )

845-1141

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

FILED  
09 DEC 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Blessing Insurance Associates LLC**

(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>
MGRM	Kelly P Blessing	7200 Ridge Road, Suite 7-B Port Richey, FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Benjie Blessing	7200 Ridge Road, Suite #7 Port Richey, FL 34668	<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.)

The original Suite #7-B is amended/updated to Suite #7 effective immediately.

FILED  
 09 DEC 23 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated December 21, 2009.

Benjie Blessing      Kelly P. Blessing  
 Signature of a member or authorized representative of a member  
 Typed or printed name of signee