

LO9000030974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

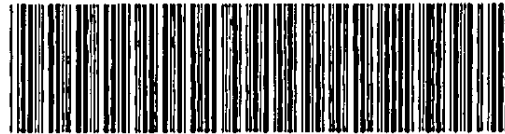
(Business Entity Name)

(Document Number)

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09 MAY -6 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 12 2009

EXAMINER

S. HAWKES

MAY 12 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Preferred Mitigation, 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:

Jeffrey Bowen

(Name of Person)

(Firm/Company)

221 N. Hogan St., #142

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Bowen at ( 904 ) 803.1101  
(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

(If Changing Registered Agent, Signature of New Registered Agent)

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>
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

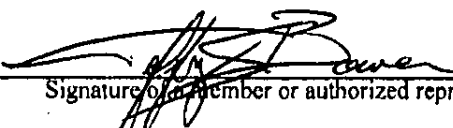
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated April 27, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Jeffrey S Bowen  
 \_\_\_\_\_  
 Typed or printed name of signee