

L09000033896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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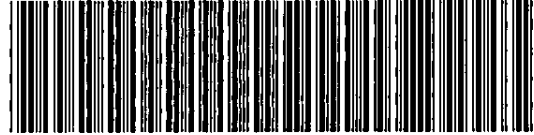
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 26 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rapid Response Team, 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:

Brett Ross Frankel, Esquire

Name of Person

Rapid Response Team, LLC

Firm/Company

6601 Broken Sound Parkway, Suite 200

Address

Boca Raton, FL 33487

City/State and Zip Code

bfrankel@gmail.com

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

For further information concerning this matter, please call:

Brett Rossi Frankel

Name of Person

at (561) 417-1198

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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	GS. TWO, LLC	6001 Broken Sound Parkway Suite 200 Boca Raton, FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dei Re Holdings, Inc.	6001 Broken Sound Parkway Suite 200 Boca Raton, FL 33487	<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.)

11 JUL 25 AM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated July 21, 2011.


Signature of a member or authorized representative of a member
Brett Ross Frankel, Esquire
Typed or printed name of signee