

LO9 000039042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

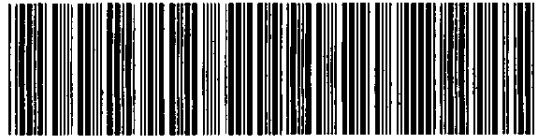
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
FEB 22 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Response Modifications 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:

Breck Jackson

Name of Person

First Response Modifications LLC

Firm/Company

2150 Tamiami Tr. Unit 12 Box 170

Address

Pt. Charlotte FL 33954

City/State and Zip Code

breck.jackson@gmail.com

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

For further information concerning this matter, please call:

Rich Hitt

Name of Person

at 941, 628-1387

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

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TALLAHASSEE, FL 32301

First Response Modifications LLC

Time Saver Consulting LLC

21532 Seyburn Terr  
Port Charlotte FL 33954

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Port Charlotte FL 33954

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

Title	Name	Address	Type of Action
MGRM	Syed Ali Naqi	C1-11C South Park Ave Phase 2 DHA Karachi, Pakistan	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Feb, 17<sup>th</sup>, 2010.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Breck Jackson / Richard Hitt  
\_\_\_\_\_  
Typed or printed name of signee

2016 FEB 19 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA