

LO90000 43404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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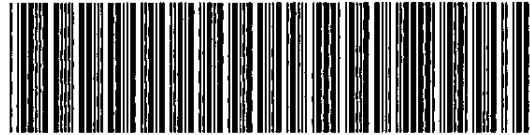
(Business Entity Name)

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TALLAHASSEE, FLORIDA
SECURITIES DIVISION

B. BOSTICK
FEB 28 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Firebird Reclamation Works, 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:

Markham McGill

Name of Person

Firm/Company

P.O. Box 1834

Address

Key West, FL 33041

City/State and Zip Code

markhammcgill@me.com

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

For further information concerning this matter, please call:

Markham McGill

Name of Person

at (305)

304-8019

Area Code & Daytime Telephone Number

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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

Firebird Reclamation Works, LLC

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>
MGR	Margit Bisztray	1207 Vonphister Street Key West, FL 33040	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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

Dated February 2, 2012

Signature of a member or authorized representative of a member
Markham McGill
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA