

L09000061342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

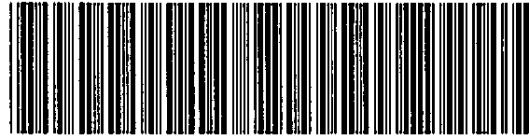
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR -9 2013

J. BRYAN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **YOUR PLACEMENT CONNECTION 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:

Cynthia C. Johnson

Name of Person

Your Placement Connection LLC

Firm/Company

1422 SE 20th Street

Address

Cape Coral, Florida 33990

City/State and Zip Code

cindyj@yourplacementconnection.com

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

For further information concerning this matter, please call:

Cindy Johnson

Name of Person

239 829-0222

at ()

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

YOUR PLACEMENT CONNECTION LLC

Page 1 of 3

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

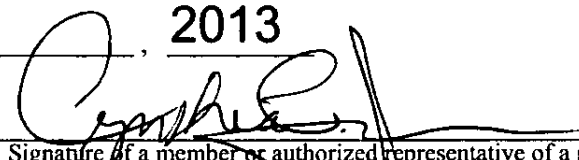
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cynthia J Massey	9 Smooth Sailor Court	<input checked="" type="checkbox"/> Add
		Salem, SC 29676	<input type="checkbox"/> Remove
MGRM	Debi Calim	1785 Four Mile Cove Pkwy	<input type="checkbox"/> Add
		No. 332	<input checked="" type="checkbox"/> Remove
		Cape Coral, FL 33990	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amehding any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 1, 2013



Signature of a member or authorized representative of a member

Cynthia C. Johnson

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA**