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DIVISION OF CORPORATIONS
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T. HAMPTON

DEC 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELL CITY BOOST 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:

MARIA L VALDIVIA

Name of Person

CELL CITY BOOST LLC

Firm/Company

5600 WEST COLONIAL DRIVE # 308

Address

ORLANDO FLORIDA 32808

City/State and Zip Code

CELLCITYBOOST@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA L VALDIVIA

Name of Person

at (**407**)

8834837

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

CELL CITY BOOST 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>
MGRM	DAISIE CLEMENTS	10012 GALENA LANE ORLANDO FLORIDA 32821	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANGEL M FILGUEIRAS	1854 BRIDGEVIEW CIR ORLANDO FL 32824	<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.)*

Dated December 12, 2009

Maria L Valdivia

Signature of a member or authorized representative of a member

MARIA L VALDIVIA

Typed or printed name of signee

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