

6090000 79670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

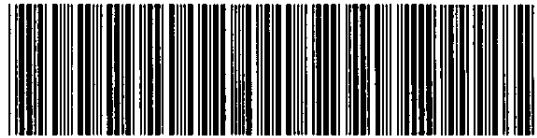
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRUCE MICHAEL INVESTMENTS 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:

BRUCE M. RACKOUSKI

Name of Person

BRUCE MICHAEL INVESTMENTS LLC

Firm/Company

P.O. BOX 406

Address

PLACIDA, FL.

City/State and Zip Code

BRUCERACKOUSKI@YAHOO.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BARBARA RACKOUSKI

Name of Person

at (708)

822-8039

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

BRUCE MICHAEL INVESTMENTS 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

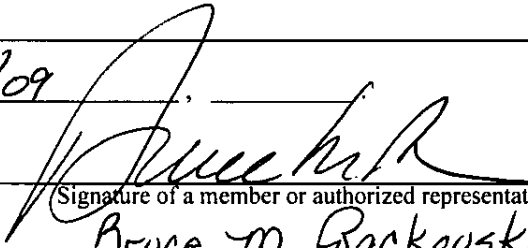
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRUCE M. RACKOUSKI	PO BOX 406 PLACIDA, FL 33946	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRUCE M. RACKOUSKI	PO BOX 406 PLACIDA, FL 33946	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

8/25/09


 Signature of a member or authorized representative of a member
 Bruce M. Rackowski
 Typed or printed name of signee