

LD9000087028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100242248251

12/07/12--01006--017 \*\*25.00

FILED

2012 DEC -7 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 10 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wiand Guerra King P.L.  
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:

Katherine C Donlon

Name of Person

Wiand Guerra King

Firm/Company

5505 W Gray Street

Address

Tampa, FL 33609

City/State and Zip Code

kdonlon@wiandlaw.com

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

For further information concerning this matter, please call:

Katherine C Donlon

Name of Person

at ( 813 ) 347-5104

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

FILED  
2012 DEC -7 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

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:

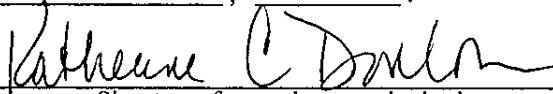
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

This address change applies to all members as well.

Dated December 5, 2012



Signature of a member or authorized representative of a member

Katherine C Donlon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2012 DEC - 7 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA