

L09000090096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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OCT 10 2012

EXAMINER



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12 OCT -9-AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Wholesale Direct Copiers, 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:

Dennis Ocasio

Name of Person

Firm/Company

3055 Victoria Drive

Address

Kissimmee, Florida 34746

City/State and Zip Code

denniso@wdcopiers.com

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

For further information concerning this matter, please call:

Dennis Ocasio

Name of Person

at ( 407 )

936-5458

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  
12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 OCT -9 AM 8:21  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT -9 AM 10:27  
FILED  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
ST. PETERSBURG, FLORIDA  
OCT 12 2009

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

Florida document number L09000090096

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

**Kissimmee**, Florida **34746**  
*City* *Zip Code*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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:

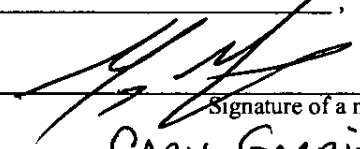
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Gary Garrison	8242 Via Hermosa Street Sanford, FL 32771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GARY GARRISON  
\_\_\_\_\_  
Typed or printed name of signee