

LOG 000090467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

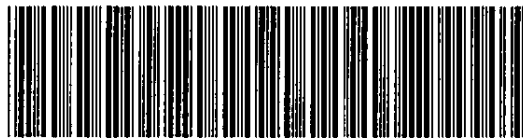
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600175095426

04/09/10--01021--017 **30.00

T. CLINE

APR 12 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR -9 AM 11:08

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Michelle L. Andrews, 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:

Michelle L. Andrews
Name of Person

Michelle L. Andrews, CPA, LLC
Firm/Company

1156 Mallard Marsh DR
Address

Osprey, FL 34229
City/State and Zip Code

michelle@andrewstaxcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle L. Andrews at (941) 266-9864
Name of Person 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

2010 APR -9 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Michelle L. Andrews, P.L.

Michelle L. Andrews, CPA, 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>
_____	_____	_____	<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
_____	_____	_____	

FILED
 APR - 8
 AMH: 08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated April 7, 2010.

Michelle L. Andrews
 Signature of a member or authorized representative of a member

Michelle L. Andrews
 Typed or printed name of signee