

L09000091502

(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



200181605962

06/03/10--01026--006 **25.00

FILED
2010 JUN -3 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gladiators Boxing Club, 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:

David & Anita Nunez

Name of Person

Gladiators Boxing Club, LLC

Firm/Company

212 NE 7th Ave

Address

Okeechobee, Fl. 34972

City/State and Zip Code

pbickel@sdbteam.com

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

For further information concerning this matter, please call:

Penny Bickel

Name of Person

at (863) 467-1115

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

2010 JUN -3 AM 11:44

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 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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Anita Nunez

Typed or printed name of signee

FILED
 2010 JUN -3 AM 11:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA