

LD9 000094436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

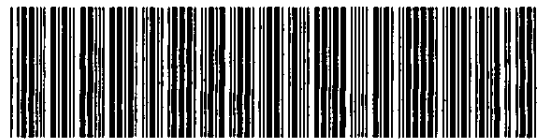
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR - 8 2010

EXAMINER



400171218034

03/05/10--01023--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 5 PM 4: 00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PGA CONSULTING 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:

Augusto Ferreira

Name of Person

Augusto Ferreira Accounting Service

Firm/Company

185 S. Westmonte Dr Ste 1216

Address

Altamonte Springs FL 32714

City/State and Zip Code

aferreira@centurylink.net

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

For further information concerning this matter, please call:

Augusto Ferreira

Name of Person

at (407)

786-6400

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

PGA CONSULTING LLC

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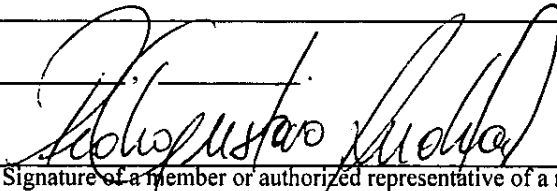
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JORGEMAN DE SOUZA	4730 CHEVY PLACE ORLANDO, FL 32811	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gustavo Dolabella Andrade	4730 CHEVY PLACE ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Cristiano Dolabella Andrade	4730 CHEVY PLACE ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bernardo Dolabella Andrade	4730 CHEVY PLACE ORLANDO, FL 32811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Isabela Dolabella Andrade	4730 CHEVY PLACE ORLANDO, FL 32811	<input checked="" 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.)*

Dated _____


Signature of a member or authorized representative of a member

PEDRO GUSTAVO DE ANDRADE

Typed or printed name of signee