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MAY 27 2011

**EXAMINER**



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FILED  
11 MAY 26 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMPLIED ODDS 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:

**JACQUELINE RUSZENAS**

Name of Person

Firm/Company

**407 43RD STREET**

Address

**WEST PALM BEACH, FL 33407**

City/State and Zip Code

**jruszenas@yahoo.com**

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

For further information concerning this matter, please call:

**JACKIE RUSZENAS**

Name of Person

at ( **561** )

**308-8519**

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

## IMPLIED ODDS 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

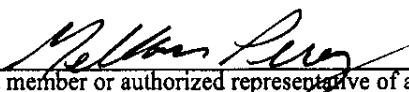
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JACQUELINE RUSZENAS	407 43RD STREET WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KENNETH RUSZENAS	407 43RD STREET WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MELBURN PEREZ	1383 EAGLE CROSSING DRIVE ORANGE PARK, FL 32065	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated MAY 25, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MELBURN PEREZ

\_\_\_\_\_  
Typed or printed name of signee