

L 09000 111464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

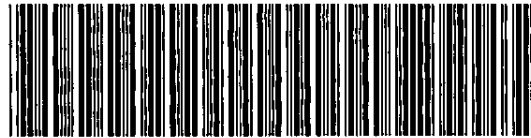
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

55 11/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LOGISTICS COST CONSULT, 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:

TODD R. BOMSER

Name of Person

GOTTESMAN, BOMSER & CO, PA

Firm/Company

8211 W. BROWARD BLVD, SUITE 440

Address

PLANTATION, FL 33324

City/State and Zip Code

TODD@GBC1040.COM

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

For further information concerning this matter, please call:

TODD R. BOMSER, CPA at **954 321-9991**

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

LOGISTICS COST CONSULT, 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:

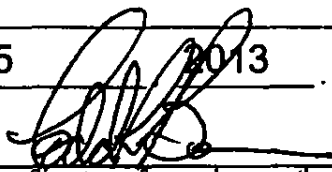
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISA ROBERTS	320 SOMERULOS STREET	<input checked="" type="checkbox"/> Add
		SUITE 217	<input type="checkbox"/> Remove
		BATON ROUGE, LA 70802	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **NOVEMBER 5** **2013**



Signature of a member or authorized representative of a member

TODD R. BOMSER, CPA

Typed or printed name of signee

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Filing Fee: \$25.00

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