

LD9000 115955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

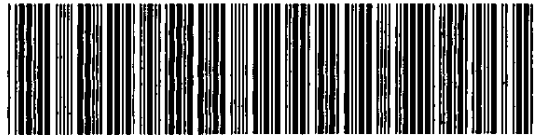
(Business Entity Name)

(Document Number)

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10 APR 22 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 23 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MOOVE OUT 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:

HEIDI BEHRENDT  
Name of Person

MOOVE OUT LLC  
Firm/Company

3101 N. NEBRASKA AVE.  
Address

TAMPA, FL 33603  
City/State and Zip Code

MOOVE OUT @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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10 APR 22 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

HEIDI BEHRENDT at (813) 226-0687  
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

MOOVE OUT 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>
MGRM	LINDSAY BREWER	3101 N. NEBRASKA AVE. TAMPA, FL 33603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CARL DYER	3101 N. NEBRASKA AVE. TAMPA, FL 33603	<input checked="" 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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 22 PM 3:30

FILED

Dated April 18, 2010

Signature of a member or authorized representative of a member

HEIDI BEHRENDT

Typed or printed name of signee