

L09000116135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

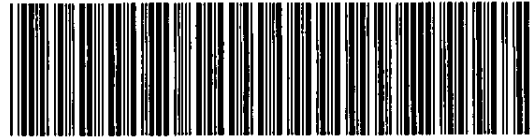
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -7 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 9 2012

EXAMINER



Elreha Controls LLC

May 2, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # L09000116135

Please find our Articles of Amendment for Elreha Controls, LLC, Florida Document L09000116135. We are amending the Manager listed in the Article.

My daytime phone number is: 321-631-3315.

My Mailing Address is: Elreha Controls, LLC
550 Gus Hipp Blvd.
Rockledge, FL 32955

Thank you,


Anne Hattaway
Accounting Manager

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TALLAHASSEE, FLORIDA

550 GUS HIPP BLVD, ROCKLEDGE, FL. 32955
PH (321) 631-3315, FAX (321) 631-2860

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elreha Controls, 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:

Ahmad Hamadeh

Name of Person

Elreha Controls, LLC

Firm/Company

550 Gus Hipp Blvd.

Address

Rockledge, FL 32955

City/State and Zip Code

Accounting@elrehac.com

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

For further information concerning this matter, please call:

Anne Hattaway

Name of Person

at (321)

631-3315

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

Elreha Controls, LLC

Page 1 of 2

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Ackerman	550 Gus Hipp Blvd. Rockledge, FL 32955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Pierce	550 Gus Hipp Blvd. Rockledge, FL 32955	<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.)*

Dated _____ May 2, 2012

Signature of a member or authorized representative of a member

Robert Pierce

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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FALLAHASSEE FLORIDA