

**LD9000122448**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

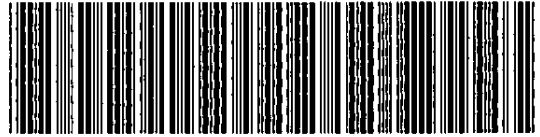
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**2010 FEB 10 PM 12:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

**FEB 11 2010**

**EXAMINER**

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **MBM TRUSTEE 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:

**DONNA TOMLINSON**

Name of Person

**MULTITUDE INC**

Firm/Company

**1801 18TH WAY**

Address

**WEST PALM BEACH, FL 33407**

City/State and Zip Code

**MULTITUDE10@COMCAST.NET**

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

For further information concerning this matter, please call:

**DONNA TOMLINSON**

Name of Person

at ( **561** )

**478-0019**

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

FILED

**MBM TRUSTEE LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	ALTINOK, MUSTAFA	5600 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ALTINOK, MUSTAFA	701 SOUTH OLIVE AVENUE# 1509 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	OZKURT, MEHMET	5600 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OZKURT, MEHMET	701 SOUTH OLIVE AVENUE# 1509 WEST PALM BEACH, FL 33407	<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

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

Dated 2-08-, 2010

Dana Tomlinson  
Signature of a member or authorized representative of a member

MUSTAFA ALTINOK

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2010 FEB 10 PM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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