

L10000010658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

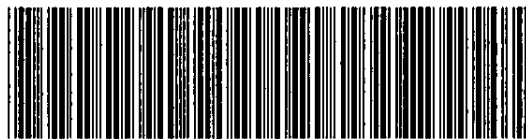
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DIVISION OF CORPORATIONS
10 FEB 24 AM 11:42

T. HAMPTON

FEB 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max Rooter 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:

Yesenia Torres
Name of Person

Max-Rooter LLC
Firm/Company

209 2nd Street
Address

WPB, FL 33413
City/State and Zip Code

maxrooterllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yesenia Torres at (561) 687-9523
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

Max Router LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Yessenia Torres	209 2nd Street+ WPB, FL 33413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Yessenia Torres	209 2nd Street+ WPB, FL 33413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Adel Torres	209 2nd Street+ WPB, FL 33413	<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

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

Phone number (561) 687-9523

Dated Feb 22, 2010.

Yessenia Torres
Signature of a member or authorized representative of a member

Typed or printed name of signee

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