

L10000014176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185334890

09/16/10--01019--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 16 AM 11:54

T. HAMPTON
SEP 17 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMIS, 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:

Jeffrey A. Coleman, MGRM

Name of Person

CMIS, LLC

Firm/Company

2840 NE 26th Place

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

jacoleman66@comcast.net

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

For further information concerning this matter, please call:

Jeffrey A. Coleman

Name of Person

at (954)

270-7291

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 16 AM 11:54
and assigned

(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

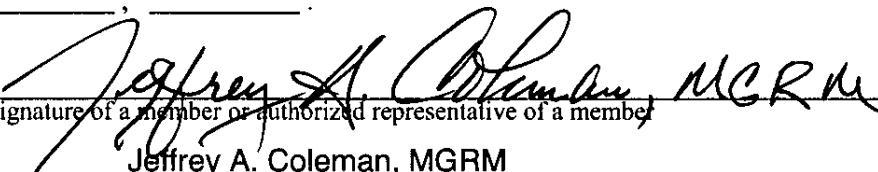
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dawn M. Heyde	16 Palm Drive Yankeetown, FL 34498	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
10 SEP 16 AM 11:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated 9/14/10


 Signature of a member or authorized representative of a member
 Jeffrey A. Coleman, MGRM
 Typed or printed name of signee