

LD 000014240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

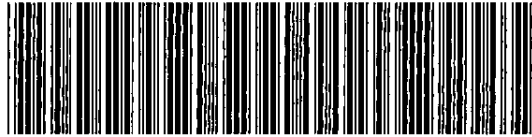
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Office Use Only

G. MCLEOD

APR 21 2010

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 20 AM 11:46

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Streamline Marketing Group, 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:

Michael Greenspan  
Name of Person

Streamline Marketing Group, LLC  
Firm/Company

10191 West Sample Road  
Address

Coral Springs, Florida 33065  
City/State and Zip Code

marketing@streamlinemarketingGroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Greenspan at ( 954 ) 579-3005  
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

**(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

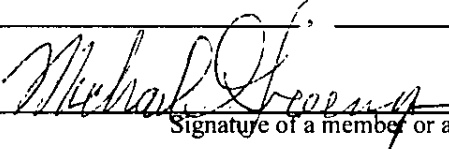
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_.

 **MGRM**

Signature of a member or authorized representative of a member

**MICHAEL GREENSTEIN**

Typed or printed name of signee