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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northwest Provider 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:

William I Deaderick

Name of Person

Northwest Seafood Inc.

Firm/Company

4110 NW 16th Blvd

Address

Gainesville FL 32605

City/State and Zip Code

Lee@northwestseafood.com

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

For further information concerning this matter, please call:

William I Deaderick

Name of Person

at (352)

318 1260

Area Code & Daytime Telephone Number

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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

Northwest Provider LLC

(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>
MGRM	Deaderick, Mary K	6105 ave F McIntosh FL 32664	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Richardson, Lacinda D	7610 SE 185th Ave Evinston FL 32633	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Castellano, Richard J	12825 5th Isle Hudson FL 34667	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Forsberg, Paul G	1133 Marin Drive Tarpon Springs FL 34689	<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

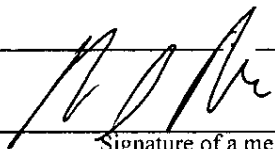
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATE
TALLAHASSEE
FLORIDA

11 DEC 28 PM 5:21

FILED

Dated _____



Signature of a member or authorized representative of a member

William I Deaderick

Typed or printed name of signee