

L10000025416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

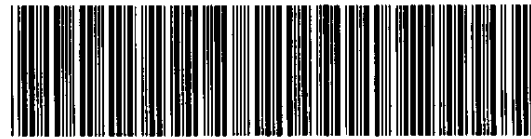
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 JUL 19 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

J. BRYAN EXAMINER

JUL 20 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SLICE BAND INTERNATIONAL 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:

**Desmond Phillips**

Name of Person

**SLICE BAND INTERNATIONAL LLC**

Firm/Company

**1211 SANTIAGO DR**

Address

**JACKSONVILLE FL 32221**

City/State and Zip Code

**d418band@yahoo.com**

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

**FILED**  
**10 JUL 19 PM 4:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**Desmond Phillips**

Name of Person

at ( **904** )

**4514470**

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



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

\_\_\_\_\_

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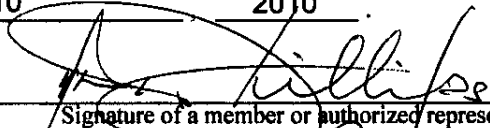
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated July 10 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DESMOND PHILLIPS  
\_\_\_\_\_  
Typed or printed name of signee