

L10000635128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

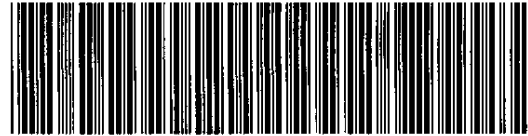
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 30 PM 2:55

T. HAMPTON  
AUG 31 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HQPPCSOLUTIONS.COM 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:

**RONALD J DIETER**

Name of Person

**HQPPCSOLUTIONS.COM**

Firm/Company

**2400 NE 33RD AVE #109**

Address

**FT LAUDERDALE, FL, 33305**

City/State and Zip Code

**RONALDDIETER08@COMCAST.NET**

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

For further information concerning this matter, please call:

**RON DIETER**

Name of Person

at ( **954** )

**258-8808**

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

HQPPCSOLUTIONS.COM LLC

(A Florida Limited Liability Company)

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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:

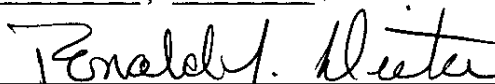
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAYMOND J PATTERSON	2400 NE 33RD AVE #109 FT LAUDERDALE, FL. 33305	<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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 26, 2010



Signature of a member or authorized representative of a member

RONALD J DIETER MGR

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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