

L10000048403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

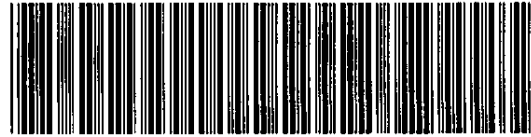
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300186200103

10/04/10--01008--001 **25.00

FILED
2010 OCT -4 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 5 2010

EXAMINER

FILED

2010 OCT -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

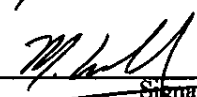
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEFFREY KLAAS	3615 SW VOLMER ST PORT ST LUCIE, FL 34953	<input type="checkbox"/> Add <input checked="" 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.)*

Dated 9/30/10, _____


Signature of a member or authorized representative of a member

MICHAEL TCHEGBANOFF
Typed or printed name of signee

FILED
2010 OCT -4 PM 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA