

40000053978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
ALLAHABAD, FLORIDA

10 MAY 24 AM 8:48

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D. BRUCE

MAY 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PC MEDIATORS 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:

Nita L Drumm

Name of Person

PC MEDIATORS LLC

Firm/Company

161 SW 52ND ST

Address

CAPE CORAL, FL 33914

City/State and Zip Code

pcmediators@live.com

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

For further information concerning this matter, please call:

Nita L Drumm

Name of Person

at (239)

471-2520

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

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10 MAY 24 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PC MEDIATORS LLC

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>
MGR	Nita L Drumm	161 SW 52ND ST	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 May 19, 2010



Signature of a member or authorized representative of a member

Nita L Drumm

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
10 MAY 24 AM 8:43
CLERK OF DISTRICT COURT
HALL, FLORIDA