

U0000054865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

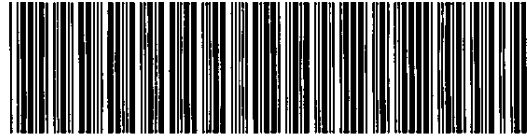
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 22 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **INTERNATIONAL TAX & COMMERCE ADVISORS, 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 E. BONNER II

Name of Person

INTERNATIONAL TAX & COMMERCE ADVISORS, LLC

Firm/Company

12025 RIVERHILLS DRIVE

Address

TAMPA, FL. 33617

City/State and Zip Code

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

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For further information concerning this matter, please call:

WILLIAM E. BONNER II at **813 871-0040**
Name of Person 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)

1146 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

INTERNATIONAL TAX & COMMERCE ADVISORS, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	REBECCA WILLIAMS	4608 NORTH STRAUSS ROAD	<input type="checkbox"/> Add
		PLANT CITY, FL. 33565	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

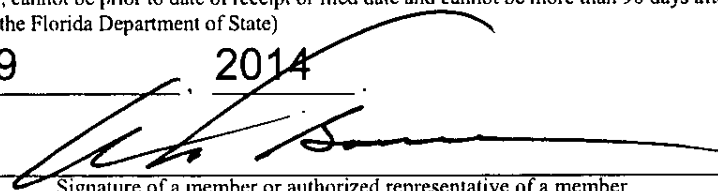
JUST REMOVING THE ABOVE MGRM ON RECORD (REBECCA WILLIAMS)

7

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 19, 2014



Signature of a member or authorized representative of a member

WILLIAM E. BONNER II

Typed or printed name of signee

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