

L10000055904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

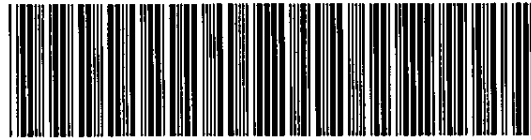
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253673537

11/12/13--01024--015 **25.00

FILED
13 NOV 12 AM 10:51
FALLS CHURCH, VA
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESONANCE IMAGING SCANNER CONSULTANTS 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:

JOHN MALERBA

Name of Person

JUMPING JAX TAX INC

Firm/Company

1940 HARRISON ST STE 306

Address

HOLLYWOOD FL 33020-5082

City/State and Zip Code

jack@jumpingjastax.com

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

For further information concerning this matter, please call:

JOHN MALERBA

Name of Person

at (**954**) **927-6988**

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

19 NOV 12 4:10:51
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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:

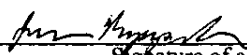
MGR = Manager
MGRM = Managing Member

<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
			<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

15 NOV 12
AM 10:51
15 NOV 12
AM 10:51

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

Dated 31 OCTOBER, 2013.



Signature of a member or authorized representative of a member

IVAN HYPPOLITE, MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
13 NOV 12 AM 10:51
SECURITY DIVISION
FALL ANGELES, CALIF
U.S. AIR FORCE