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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

C. LEWIS
DEC 10 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERAX GROUP 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:

SANJAY ARORA

Name of Person

FINANCE & TECHNOLOGY CONSULTANTS, INC

Firm/Company

6257 HAMMOCK PARK ROAD

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

sanjay@interaxvoip.com

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

For further information concerning this matter, please call:

SANJAY ARORA

Name of Person

at (561)

908-7200

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

FILED

INTERAX GROUP LLC

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:

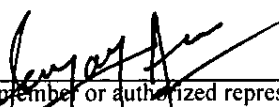
MGR = Manager

MGM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRGM	IBS ENTERPRISE INC	1730 S FEDERAL HWY, SUITE 278 DELRAY BEACH, FL 33483	<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 DECEMBER 6, 2010


 Signature of a member or authorized representative of a member

SANJAY ARORA
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA