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DIVISION OF CORPORATIONS
10 AUG 25 AM 10:47

T. HAMPTON

AUG 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strike 1st Enterprise 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:

Philma Marie Juan
Name of Person

Strike 1st Enterprise LLC
Firm/Company

9412 NW 24th St.
Address

Sunrise, FL 33351
City/State and Zip Code

strike1stexecs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philma Marie Juan at (954) 683-3128
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)

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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DIVISION OF CORPORATIONS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10 AUG 25 AM 10:43

Strike 1st Enterprises LLC

9412 NW 46th St

Sunrise, FL 33351

9412 NW 46th St.

Sunrise, FL 3335

Zip Code

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	Christopher L. Barrett	5110 NW 73rd Way Lawrenceville, FL 33304	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____, _____.

 Signature of a member or authorized representative of a member
 Philma Juan

 Typed or printed name of signee

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