

L10000089561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

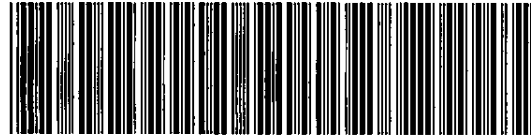
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300185376513

10/01/10--01008--003 \*\*25.00

FILED  
10 OCT -1 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -4 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BOB's Tours & Charters, 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:

Laura Edge

Name of Person

BOB's Tours & Charters

Firm/Company

5851 Holmberg Rd., #1015

Address

Parkland, FL 33067

City/State and Zip Code

laura.edge@live.com

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

For further information concerning this matter, please call:

Laura Edge

Name of Person

at ( 561 )

666-0324

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  
10 OCT - 1 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## BOB's Tours & Charters

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>
MGRM	Gates, Douglas	308 Natwick Lane Schaumburg, IL 60193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Silveria, Zachary	1582 Redwood Lane Stockton, CA 95202	<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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated September 28, 2010.

Laura Edge  
 Signature of a member or authorized representative of a member  
Laura Edge  
 Typed or printed name of signee

**FILED**  
**10 OCT - 1 AM 11:47**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA