

L100000098487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

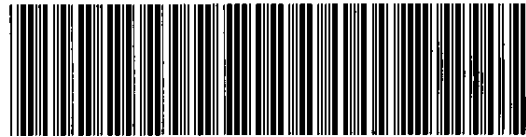
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2010 NOV 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 17 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOUGLAS MCBRIDE 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:

DOUGLAS R MCBRIDE

Name of Person

DOUGLAS MCBRIDE LLC

Firm/Company

1508 SPRINGSIDE DR

Address

WESTON, FL 33326

City/State and Zip Code

MC1250@MAIL.COM

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

For further information concerning this matter, please call:

DOUGLAS R MCBRIDE

Name of Person

at (954)

389-8811

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 15 PM 1:00

FILED

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

DOUGLAS MCBRIDE LLC

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	DOUGLAS R MCBRIDE	1508 SPRINGSIDE DR WESTON, FL 33326	☒ Add ☐ Remove
MGRM	URSULA MCBRIDE	1508 SPRINGSIDE DR WESTON, FL 33326	☐ 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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 15 PM 1:00

FILED

Dated NOVEMBER 9, 2010.

Doy R M

Signature of a member or authorized representative of a member

DOUGLAS R MCBRIDE

Typed or printed name of signee