

L100000099210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

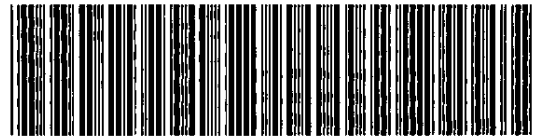
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700186735697

10/21/10--01015--009 **25.00

FILED

2010 OCT 21 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 22 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1109 MyGroup, 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:

Dr. Florence Alexander

Name of Person

Firm/Company

P.O. Box 915115

Address

Longwood, FL 32791

City/State and Zip Code

femillionaire@embarqmail.com

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

For further information concerning this matter, please call:

Dr. Florence Alexander

Name of Person

at (**407**)

682-6744

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 21 AM 11:46

FILED

1109 MyGroup, 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>
MGR	Richard Eberiga	918 Spring Knol San Antonio TX 78258	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Duane Broom	1109 Brownsire Longwood, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Nadia Harris	412 Via Florence Drive Apopka, FL 32712	<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

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

2010 OCT 21 AM 11:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated October 18, 2010

Dr. Florence Alexander

Signature of a member or authorized representative of a member

Dr. Florence Alexander

Typed or printed name of signee