

LI 0000101258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

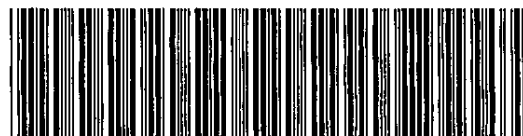
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan AUG - 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BURDEK CLARE 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:

RICHARD BURDEK

Name of Person

Firm/Company

240 SAND KEY ESTATES DRIVE 78

Address

CLEARWATER, FL 33767

City/State and Zip Code

RBURDEK@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

RICHARD BURDEK

Name of Person

at **727 542-6833**

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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TALLAHASSEE, FLORIDA

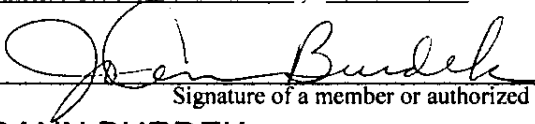
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KARIN CLARE	909 POINT SEASIDE DR	<input type="checkbox"/> Add
		CRYSTAL BEACH, FL	<input checked="" type="checkbox"/> Remove
		34681	
MGRM	RICHARD BURDEK	240 SAND KEY ESTATES DR	<input checked="" type="checkbox"/> Add
		78	<input type="checkbox"/> Remove
		CLEARWATER, FL 33767	
			<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 8/1/2013



Signature of a member or authorized representative of a member

JOANN BURDEK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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