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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 26 2011

EXAMINER

## COVER LETTER

TO: . Registration Section  
Division of Corporations

SUBJECT: Taxes In Miramar 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:

Chai Footman

Name of Person

Taxes In Miramar LLC

Firm/Company

2350 W Lake Miramar Circle

Address

Miramar, Florida 33025

City/State and Zip Code

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

For further information concerning this matter, please call:

Chai Footman

Name of Person

at (954) 309 - 4453

Area Code & Daytime Telephone Number

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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

## Taxes In Miramar 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

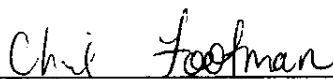
| <u>Title</u> | <u>Name</u>         | <u>Address</u>                            | <u>Type of Action</u>                                                      |
|--------------|---------------------|-------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Christopher Daniels | 8844 Miramar Parkway<br>Miramar, FL 33025 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                     |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                     |                                           | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 ALACHUA COUNTY, FLORIDA

Dated \_\_\_\_\_, \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Chai Footman  
 \_\_\_\_\_  
 Typed or printed name of signee