

L10000124461

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 8 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4415 N LOIS AVENUE, 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:

JACOB I. REIBER

Name of Person

LAW OFFICES OF JACOB I REIBER

Firm/Company

26650 Wesley Chapel Blvd., Suite A

Address

Lutz, Florida 33559

City/State and Zip Code

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

For further information concerning this matter, please call:

Jacob I. Reiber

Name of Person

at ( 813 )

973-0883

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

4415 N LOIS AVENUE, 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:

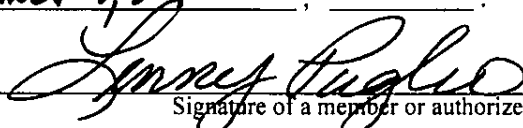
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                            | <u>Type of Action</u>  |
|--------------|-----------------|---|--|
| MGRM         | David M. Steele | 5707 Puritan Road<br>Tampa, Florida 33617 | <input checked="" 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.)*

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

Dated December 6, 2010

  
Signature of a member or authorized representative of a member

Lenny Puglio  
Typed or printed name of signee

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 CLERK OF STATE  
 ALABAMA  
 TALLAHASSEE, FLORIDA