

L110000009580

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 24 2011

EXAMINER

COVER LETTER

b: Registration Section
Division of Corporations

SUBJECT:

IIC 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:

James Trovato

Name of Person

IIC LLC

Firm/Company

12135 S. Cleveland Ave

Address

Fort Myers, Florida 33907

City/State and Zip Code

sweepstakesisland@yahoo.com

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

For further information concerning this matter, please call:

Same

Name of Person

at (216) 533-1500

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

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IIIC LLC

The Articles of Organization for this Limited Liability Company were filed on 1/24/11 and assigned Florida document number L 11000009580.

Page 1 of 2

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	BRV LLC	28060 Chardon Rd Willoughby Hills, Ohio 44092 US	<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
			<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.)

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Dated 5/16/11, _____.

Signature of a member or authorized representative of a member

James Trovato
Typed or printed name of signee