

L110000030439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 SEP 24 AM 9:53

J. SAULSBERRY
EXAMINER
SEP 26 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rottermonds Pool & Spa Services, 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:

Joel J Rottermond

Name of Person

Rottermonds Pool & Spa Services, LLC

Firm/Company

35428 Crescent Drive

Address

Fruitland Park, FL 34731

City/State and Zip Code

rodmellott@embarqmail.com

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

For further information concerning this matter, please call:

Rodney N Mellott, CPA

Name of Person

352 561-5389

at ()

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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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:

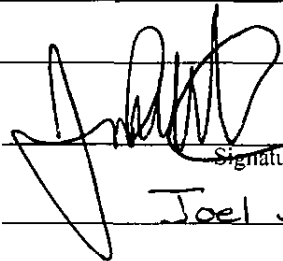
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher D. Rottermond	35428 Crescent Dr	<input checked="" type="checkbox"/> Add
		Fruitland Park, FL 34731	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2013 SEP 21 AM 11:53
STATE OF FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

Joel J. Rottermond

Typed or printed name of signee

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Filing Fee: \$25.00

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