

L/1000032202

(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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12 DEC 21 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 27 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Adverse, 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:

Joshua A. Cossey, Esq.

Name of Person

Sentinel Law, P.A.

Firm/Company

1710 Shadowood Ln, Ste 210

Address

Jacksonville, FL 32207

City/State and Zip Code

jcossey@sentinelfirm.com

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

For further information concerning this matter, please call:

Sam Robilotta

Name of Person

904 982-3927

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
records.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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:

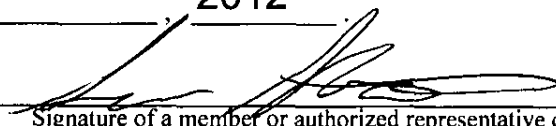
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam Boulware	111 East Bay Street	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32202	
MGRM	Sam Robilotta	10135 Gate Parkway N	<input checked="" type="checkbox"/> Add
		No. 1209	<input type="checkbox"/> Remove
		Jacksonville, FL 32246	
			<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 December 2012



Signature of a member or authorized representative of a member

Sam Robilotta

Typed or printed name of signee

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Filing Fee: \$25.00