

L110000340413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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**FILED**  
11 MAY 13 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Danger Close Tactical 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:

Joseph Gray

Name of Person

Danger Close Tactical LLC

Firm/Company

135 Artemis Blvd

Address

Merritt Island, Florida 32953

City/State and Zip Code

DangerCloseTactical@gmail.com

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

For further information concerning this matter, please call:

Joseph Gray

Name of Person

at ( 321 )

Area Code & Daytime Telephone Number

234-1067

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



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	Sharon R Gray	135 Artemis Blvd Merritt Island, FL 32953	<input checked="" 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
			<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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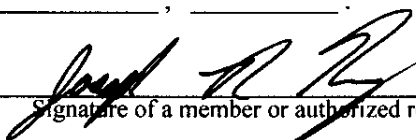


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Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

Joseph R Gray

Typed or printed name of signee