

L11000057417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

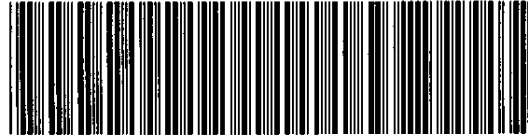
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MURGICH INVESTMENT 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:

JUAN MURGICH

Name of Person

Firm/Company

8268 N.W. 68 STREET

Address

MIAMI, FL 33166

City/State and Zip Code

moodyaccounting@bellsouth.net

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

For further information concerning this matter, please call:

JENNIFER MOODY

Name of Person

at (954)

423-3577

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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TALLAHASSEE, FLORIDA

MURGICH INVESTMENT LLC

(A Florida Limited Liability Company)

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:

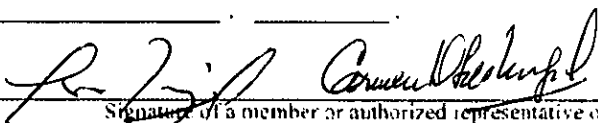
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN J. MURGICH	8268 N.W. 68 STREET MIAMI, FL 33166	☐ Add ☒ Remove
MGRM	JUAN MURGICH	8268 N.W. 68 STREET MIAMI, FL 33166	☒ Add ☐ Remove
MGRM	CARMEN MURGICH	8268 N.W. 68 STREET MIAMI, FL 33166	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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TALLAHASSEE FLORIDA

Dated _____



Signature of a member or authorized representative of a member
Juan Murgich CARMEN MURGICH

Typed or printed name of signee