

L11000006/259

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGICORUSA, 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:

MATTHEW L. BELL, CPA

Name of Person

BELL & ASSOCIATES CPA FIRM, LLC

Firm/Company

109 AMBERSWEET WAY, SUITE 401

Address

DAVENPORT, FL 33897

City/State and Zip Code

MATT@BELLANDASSOCIATESCPA.COM

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

For further information concerning this matter, please call:

MATTHEW L. BELL, CPA at **863 420-0499**

Name of Person

Area Code & Daytime Telephone Number

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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

LOGICORUSA, LLC

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:

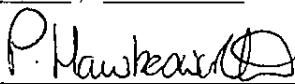
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HAWKESWORTH SAFETY SERVICES, LLC	215 CELEBRATION PLACE, SUITE 330	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
MGRM	LOGICOR (GROUP) LIMITED	UNIT 7, THORNES OFFICE PARK	<input checked="" type="checkbox"/> Add
		MONCKTON ROAD, WAKEFIELD	<input type="checkbox"/> Remove
		WEST YORKSHIRE, UK, WF2 7AN	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
JUL 11 2009
CLERK OF DISTRICT COURT
NORTH DAKOTA
FALLS BORO

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

Dated AUGUST 29, 2013



Signature of a member or authorized representative of a member

PAUL HAWKESWORTH

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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