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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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T. CLINE

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Viper Executive Protection Agency 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:

Michael J. Gibson

Name of Person

Viper Executive Protection Agency LLC

Firm/Company

3751 State Road 84 Unit 312

Address

Davie Florida 33312

City/State and Zip Code

mjgibson67@gmail.com

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

For further information concerning this matter, please call:

Michael Gibson

Name of Person

at (954)

551-4151

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

FILED

Viper Executive Protection Agency LLC

(A Florida Limited Liability Company)

Gibson Tactical Defense Company. LLC

N/A

N/A

N/A

N/A

_____, Florida

City

Zip Code

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:

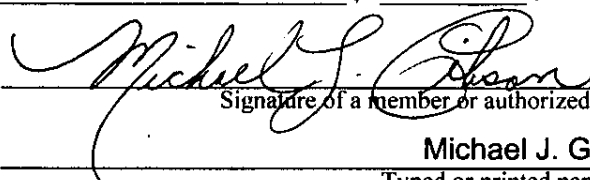
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
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_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

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

Michael J. Gibson

Typed or printed name of signee

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