

L1/000102552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 23 PM 3:00

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COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: GLOBAL PROFESSIONAL STAFFING, 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:

GABRIEL G. BACHOVE

Name of Person

GLOBAL PROFESSIONAL STAFFING, LLC

Firm/Company

964 CROWS BLUFF LN.

Address

SANFORD/FL. 32773

City/State and Zip Code

GBACHOVE@GMAIL.COM

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

For further information concerning this matter, please call:

GABRIEL BACHOVE

Name of Person

at (407)

2214874

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

241 SEP 29 PM 3:38

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

N/A

Dated _____, _____

Gabriel G. Bachove

Signature of a member or authorized representative of a member

GABRIEL G. BACHOVE

Typed or printed name of signee