

L11 000120087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

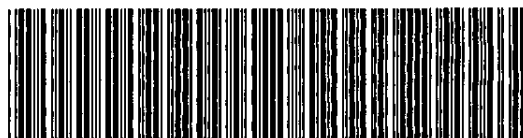
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

DEC 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Aubin Group L.L.C.
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:

PATRICIA LEVER

Name of Person

The Aubin Group L.L.C.

Firm/Company

12230 Forest Hill Blvd. Suite 164

Address

Wellington, FL 33414

City/State and Zip Code

patricia@theaubingroup.com

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

For further information concerning this matter, please call:

PATRICIA LEVER

Name of Person

at (561) 227 1562

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

The Aubin Group L.L.C
(Name of the Limited Liability Company as it now appears on our records.)
(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

Title	Name	Address	Type of Action
MGR	PATRICIA LEVER	12230 Forest Hill Blvd Suite 164 Wellington FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATRICIA LEVER	SAME	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MATTHEW LEVER	12230 Forest Hill Blvd Suite 164 Wellington FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MATTHEW LEVER	SAME	<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

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

Dated _____

Patricia Lever
Signature of a member or authorized representative of a member
Patricia Lever
Typed or printed name of signer

FILED
2011 DEC 15 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA