

U11000122029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
FEB 28 2012  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7311 GARY 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:

C/O WENDY DUVALL

Name of Person

Firm/Company

7545 E TREASURE DR. APT 4H

Address

NORTH BAY VILLAGE, FL 33141

City/State and Zip Code

WENDYDUVALL@GMAIL.COM

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

For further information concerning this matter, please call:

WENDY DUVALL

Name of Person

at ( 786 )

314-1041

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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7311 GARRY LLC

Page 1 of 2

If amending the Managers or Managing Members on  
or Managing Member being added or removed from our

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	
_____	_____	_____ _____ _____	
_____	_____	_____ _____ _____	
_____	_____	_____ _____ _____	
_____	_____	_____ _____ _____	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated 2/21, 2012

Wendy Duvall  
Signature of a member or authorized representative of a member

WENDY DUVALL  
Typed or printed name of signee