

L120VVUU05126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A

Office Use Only

B. KOHR  
JAN 26 2012  
EXAMINER



800219089288

01/25/12--01027--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 25 PM 2 18

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TRAUMERROSS 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:

Desi R. Kellermann, Esq.

Name of Person

Desi R. Kellermann, P.A.

Firm/Company

605 Lincoln Rd., Suite 400

Address

Miami Beach, FL 33139

City/State and Zip Code

Desikellermann@aol.com

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

For further information concerning this matter, please call:

Desi R. Kellermann, Esq.

Name of Person

at ( 305 )

672 3134

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

FILED  
SECRETARY OF CORPORATIONS  
12 JAN 25 PM 2:18

SECRETARY OF STATE  
DIVISION OF CONCORDANCE  
12 JAN 25 PM 2  
and assigned

**(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

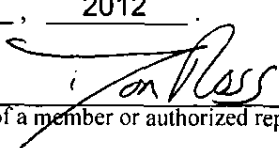
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)*

The new Principal Address for Traumerross LLC is as follows:

3124 N.E. 42 Court, Ft. Lauderdale, FL 33308

Dated January 12, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Don Ross, Manager

\_\_\_\_\_  
Typed or printed name of signee