

L12000030307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

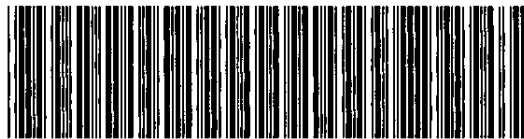
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

JAN 07

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRUSE LAW Office PLLC
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 Cruse
Name of Person

Firm/Company

1324 Half Moon Trail
Address

Jacksonville, FL 32223
City/State and Zip Code

michaelcruseESQ@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cruse at (904) 327-4329
Name of Person 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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2018 JAN -4 AM 1:29
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TALLAHASSEE FLORIDA

CROUSE LAW OFFICE PLLC

Page 1 of 3

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TALLAHASSEE FLORIDA

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>
MGR	Toni Crouse	1324 Half Moon Trail	<input type="checkbox"/> Add
		Jacksonville, FL 32223	<input checked="" type="checkbox"/> Remove
Treasurer	Toni Crouse	1324 Half Moon Trail	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2019 APR 11 AM 1:29
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FLORIDA

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

Dated December 30, 2012.

Michael Crouse

Signature of a member or authorized representative of a member

Michael Crouse

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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