

L12000032589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

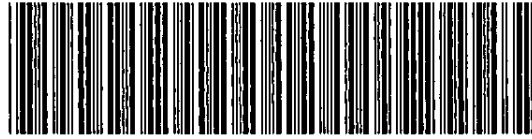
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE

MAY 22 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASTLE PROTECTION GROUP
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:

Braulio Morejon
Name of Person
Castle Protection Group
Firm/Company
1128 Lavender Circle
Address
Weston, Fl. 33327
City/State and Zip Code
jloor@americandebt.foundation.com
E-mail address: (to be used for future annual report notification)

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12 MAY 21 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Braulio Morejon at (954) 663-4115
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

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>
PD	BETHZAIDA MOREJON	1128 LAVENDER CIRCLE WESTON, FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	BRAULIO MOREJON	1128 LAVENDER CIRCLE WESTON, FL 33327	<input type="checkbox"/> Add <input checked="" 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.)*

12 MAY 21 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 5/18, 2012.

Bethzaida Morejon
Signature of a member or authorized representative of a member
BETHZAIDA MOREJON
Typed or printed name of signee