

L120000034918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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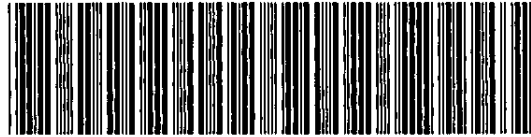
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUL 3 2012

## COVER LETTER

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

SUBJECT: DRS Dent Repair Service USA, 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:

Axel Heydasch

Name of Person

DRS Dent Repair Service USA, LLC

Firm/Company

3390 Mary Street, Suite 116

Address

Miami, Florida 33133

City/State and Zip Code

axel.heydasch@drs-dentrepairservice.com

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

For further information concerning this matter, please call:

Axel Heydasch

Name of Person

at ( 305 )

877-1308

Area Code & Daytime Telephone Number

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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

**DRS Dent Repair Service USA, LLC**

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>
MGR	Axel Heydasch	Schenefelder Landstrasse 161 22589 Hamburg, Germany	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Axel Heydasch	3120 Kirk Street Miami, Florida 33133	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FIN: 33-1223587

Dated June 26

2012

  
Signature of a member or authorized representative of a member

Axel Heydasch

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUN 29 AM 10:50

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