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(Requestor's Name)

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JUN 29 2012

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 25 PM 4:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWINGTRADERONLINE, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 25 PM 4:00

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY K DRIVER

Name of Person

SWINGTRADERONLINE, LLC

Firm/Company

1324 SEVEN SPRINGS BLVD, STE 304

Address

TRINITY, FL, 34655

City/State and Zip Code

INFO@SWINGTRADERONLINE.COM

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

For further information concerning this matter, please call:

GARY

Name of Person

at (727)

2168631

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 CORPORATION
DIVISION OF CORPORATION
12 JUN 25 PM 4:00
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>
MGR	GUY K DRIVER	1324 SEVEN SPRINGS BLVD STE 304 TRINITY, FL 34655 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GARETH C FICHARDT	1324 SEVEN SPRINGS BLVD STE 304 TRINITY, FL 34655 US	<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.)

Dated JUNE 6TH, 2012.

 Signature of a member or authorized representative of a member
 GUY K DRIVER

 Typed or printed name of signee