

L12000066121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

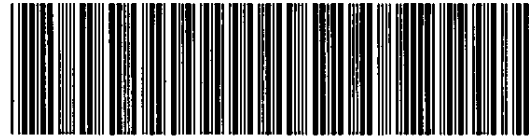
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

ENDLESS PAGES BOOKS & SUPPLIES LLC

SUBJECT: _____
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:

HALL, WILBERT

Name of Person

Firm/Company

12719 S.W. 27 STREET

Address

MIRAMAR FLORIDA 33027

City/State and Zip Code

WILLYHALL@ME.COM

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

For further information concerning this matter, please call:

HALL, WILBERT

954 7013473

at ()

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

ENDLESS PAGES BOOKS & SUPPLIES LLC

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Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEE, WAYNE	4034 S.W. 51 TERRACE	☐ Add
		OCALA FL 34474	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
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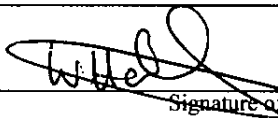
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TALLAHASSEE, FLORIDA
JUN 14 1988
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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

02/12/2014

Dated _____, _____.



Signature of a member or authorized representative of a member

WILBERT HALL

Typed or printed name of signer

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Filing Fee: \$25.00

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