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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 31 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MID-STATE PUBLIC SAFETY SERVICES, 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:

MATTHEW L. THOMPSON

Name of Person

MID-STATE PUBLIC SAFETY SERVICES, LLC

Firm/Company

PO BOX 121759

Address

CLERMONT, FL 34712

City/State and Zip Code

MIDSTATEPSS@GMAIL.COM

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

For further information concerning this matter, please call:

MATTHEW L. THOMPSON

Name of Person

at (352)

434-9873

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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TALLAHASSEE, FLORIDA

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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	KEVIN M. RAUSCH	PO BOX 120818 CLERMONT, FL 34712	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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

Dated AUGUST 28, 2012



Signature of a member or authorized representative of a member

MATTHEW L. THOMPSON

Typed or printed name of signee