

L12000092174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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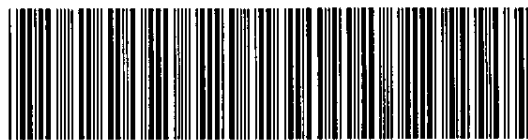
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 01 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHEAST GREASE SOLUTION 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:

JALAL M. DARWISH

Name of Person

Firm/Company

850 CAPITALWALK DR, APT 1209

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

MODARWISH1968@HOTMAIL.COM

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

For further information concerning this matter, please call:

JALAL M. DARWISH

Name of Person

at (850)

509-4511

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

SOUTHEAST GREASE SOLUTION 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	SAMER DARWISH	850 CAPITALWALK DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JALAL M. DARWISH	850 CAPITALWALK DR, APT 1209 TALLAHASSEE, FL 32303	<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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dated AUGUST 1, 2012



Signature of a member or authorized representative of a member

JALAL M. DARWISH

Typed or printed name of signee