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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OFFICE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RAMER FLOORING, 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:

Wade Ramer

Name of Person

RAMER FLOORING, LLC

Firm/Company

2519 Apache St.

Address

Sarasota, FL 34231

City/State and Zip Code

ramer913@hotmail.com

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

For further information concerning this matter, please call:

Wade Ramer

Name of Person

941 296-5692

at ()

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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CLERK OF SUPERIOR COURT

RAMER FLOORING, LLC

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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	Patrick Ryan Detweiler	3209 Beneva Rd., #201	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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MIAMI, FL 33136

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

Dated _____, _____.

Wade Ramer

Signature of a member or authorized representative of a member

Wade Ramer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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HALL CHASSER, TERRY D.