

L12000109532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN 11 AM 8:00

FILED

J. SAULSBERRY  
EXAMINER

JUN 13 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Big Business of Delray 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:

**Inge Webb**

Name of Person

**Rohr Bookkeeping, Inc**

Firm/Company

**1485 Masters Cir, #152**

Address

**Delray Beach, FL 33445**

City/State and Zip Code

**inga@rohrbookkeeping.com**

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

For further information concerning this matter, please call:

**Inge Webb**

Name of Person

**561 908-3866**

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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2013 JUN 11 AM 8:00  
TALLAHASSEE, FL 32301  
CLERK OF COURT

## Big Business of Delray, LLC

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
JUN 11 2013 4:48:00 PM

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2013 JUN 11 AM 4:48:00  
Remove  
Add  
Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

6/4

13

Signature of a member or authorized representative of a member

Inge Webb Rohr Bookkeeping Inc

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA