

L12 000 136942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

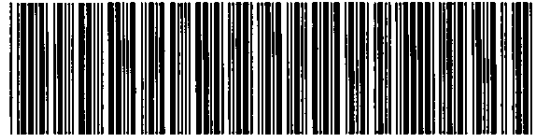
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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14 JUN 15 PM 2:55  
JUL 14 2014  
FBI - TAMPA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change of Address

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:

Toby W. Malbec

Name of Person

TWM Insight LLC

Firm/Company

5478 SW 195th Terrace

Address

Miramar, FL 33029

City/State and Zip Code

Tobemanfl@att.net

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

For further information concerning this matter, please call:

Toby W. Malbec

Name of Person

at 305 915-2864

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

**TWM Insight LLC**

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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14 JUN 1993  
TALLAHASSEE, FLORIDA  
5:00 PM

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

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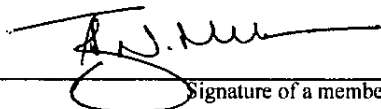
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

Dated **March 23**, **2014**



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Toby W. Malbec**

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

14 JUN 16 PM 2:05  
TALLAHASSEE, FLORIDA