

L12000142007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Rem

Office Use Only

B. KOHR  
DEC 11 2012  
EXAMINER



900242541629

12/10/12--01025--025 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 10 PM 3:01

FILED

A CPA firm for every piece of your life

# Cohen Florida

CPA & ADVISORS  
December 6, 2012

475 Montgomery Place  
Altamonte Springs, FL 32714-3100  
407.869.8900  
407.869.7254 fax  
www.cohenflorida.com

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find attached the following information for filing with the State of Florida:

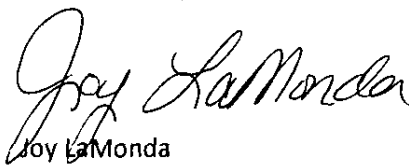
1. Resignation of MGR, Bradford D. Clayton from Bullseye Supply, LLC
2. A check in the amount of \$25.00 for filing of resignation form
3. Articles of Amendment for:
  - a. Change of physical address of Bullseye Supply, LLC
  - b. Add new MGRM, John Clayton
4. A check in the amount of \$25.00 for filing of Articles of Amendment

FILED  
12 DEC 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If any additional information is needed, please contact me at the address shown above. Thank you for your assistance in this matter.

Sincerely,

Cohen Florida, an affiliate of Cohen & Company



Joy LaMonda  
Administrative Assistant

Enclosures

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **BULLSEYE SUPPLY, LLC**  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**JOY LAMONDA**

(Contact Person)

**COHEN FLORIDA**

(Firm/Company)

**475 MONTGOMERY PLACE**

(Address)

**ALTAMONTE SPRINGS, FL 32714**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JOY LAMONDA**

(Name of Contact Person)

at ( **407** ) **869-8900**

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
12 DEC 10 PM 3:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
12 DEC 10 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

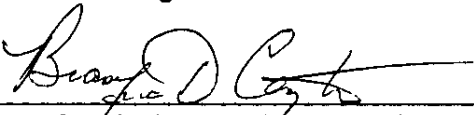
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BULLSEYE SUPPLY, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L12000142007

4. I, BRADFORD D CLAYTON, hereby resign as a MGR  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)