

L12000147207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER
JAN 08 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **U14 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:

Dr. Vicki Rabenou

Name of Person

U14 LLC

Firm/Company

11418 Trotting Down Dr

Address

Odessa FL 33556

City/State and Zip Code

vicki@bio-pioneers.com

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

For further information concerning this matter, please call:

Dr. Vicki Rabenou

Name of Person

at () **813 505-0007**

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

U14 LLC

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L12000147207.

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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>
MGMR	Dr. Vicki Rabenou	11418 Trotting Down Dr Odessa FL 33556	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGMR	Mr. John Gill	35 OAKLEIGH PARK NORTH LONDON UK N20 9-AM	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/29/2012, _____.


Signature of a member or authorized representative of a member

Dr. Vicki Rabenou

Typed or printed name of signee

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Filing Fee: \$25.00

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