

L12000151675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

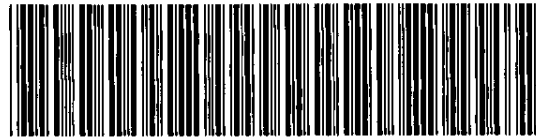
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/22/13--01024--025 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
2013 JAN 22 PM 12:23
TO ALL INFORMATION
SUFFICIENCY OF FILING

FILED
13 JAN 22 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 22 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SBR CONSULTING 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:

BHARAT TALASU

Name of Person

SBR CONSULTING LLC

Firm/Company

2000 MERCHANTS ROW BLVD APT 713

Address

TALLAHASSEE, FL 32311

City/State and Zip Code

TALASU2000@YAHOO.COM

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

For further information concerning this matter, please call:

BHARAT TALASU

Name of Person

at (**248 425 6583**)

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA
records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

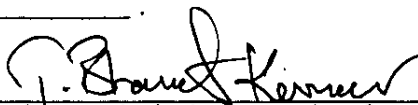
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-------------------------|---|
| MGRM | SWARNA TALASU | 2000 MERCHANTS ROW BLVD | <input checked="" type="checkbox"/> Add |
| | | APT 713 | <input type="checkbox"/> Remove |
| | | TALLAHASSEE, FL 32311 | |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

BHARAT TALASU

Typed or printed name of signee

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Filing Fee: \$25.00