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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 25 AM 10:30

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N. Ouffgan JUL 29 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WP INVESTMENT GROUP, 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:

Paul Sheehan
Name of Person

WP INVESTMENT GROUP, LLC
Firm/Company

930 Tropic Boulevard
Address

Delray Beach, FL 33483
City/State and Zip Code

Paulfs@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Sheehan at (561) 870-1183
Name of Person Area Code & Daytime Telephone Number

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

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	Paul Sheehan	930 Tropic Boulevard	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 1 _____, _____.

Werner Franzenburg 1-4-2013

Signature of a member or authorized representative of a member

Werner Franzenburg

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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