

L130000007830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

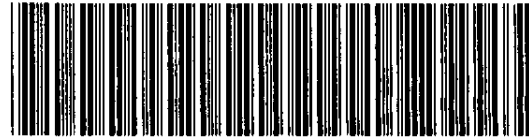
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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MAR 12 2013  
T. HAMPTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **NEILBB 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:

**KAREL OUREDNIK IV**

Name of Person

**OUREDNIK LAW OFFICES, P.A.**

Firm/Company

**6817 SOUTHPOINT PKWY., # 604**

Address

**JACKSONVILLE, FLORIDA 32216**

City/State and Zip Code

**karel@ourednik.com**

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

For further information concerning this matter, please call:

**KAREL OUREDNIK IV**

Name of Person

at ( **904** ) **396-8080**

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

NEILBB LLC

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d assign

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>
MGR	DR. REDA ALAMI	464 SEBASTIAN SQUARE	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32095	<input 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.)*

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Dated 03/06, 2013



Signature of a member or authorized representative of a member

KAREL OUREDNIK IV

Typed or printed name of signee

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Filing Fee: \$25.00

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