

L13000028034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

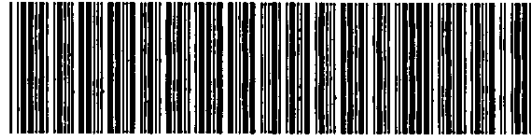
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 8 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMOOT & SMOOT 9617C5, 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:

DAVID A. NETBURN

Name of Person

ROLNICK & NETBURN

Firm/Company

9734 WEST SAMPLE ROAD

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

bsmoot@exeterfl.com

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

For further information concerning this matter, please call:

DAVID A NETBURN

Name of Person

at 954 346-5001

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

SMOOT & SMOOT 9617C5, LLC

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:

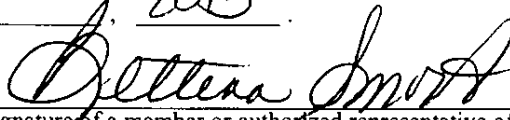
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bettina Smoot and Terrance Smoot, Tenants by the Entireties	10715 NW 19th Place Coral Springs, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bettina Smoot	10715 19th Place Coral Springs, FL 33071	<input checked="" type="checkbox"/> Add <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

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

Dated May 2 2013



Signature of a member or authorized representative of a member

BETTINA SMOOT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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