

L3000030090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUL 16 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Dispute Resolution, 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:

SHERLEY CEINOR

Name of Person

Sunshine Dispute Resolution, LLC

Firm/Company

4600 W. Commercial Blvd Unit 4B

Address

Tamarac, FL 33319

City/State and Zip Code

sherleyc@saveprocessing.com

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

For further information concerning this matter, please call:

Sherley Ceinor

Name of Person

at (954) 242-2939

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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Sunshine Dispute Resolution, LLC

(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

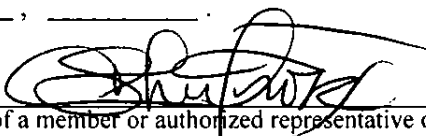
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeanne Petit	4600 W Comm Blvd 4B	<input type="checkbox"/> Add
		Tamarac FL 33319	<input checked="" type="checkbox"/> Remove
MGRM	S.A.V.E Document Processing, LLC	4600 W Comm Blvd # 4B	<input checked="" type="checkbox"/> Add
		Tamarac FL 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 06/30/2013



Signature of a member or authorized representative of a member

SHERLEY CEINOR

Typed or printed name of signee

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Filing Fee: \$25.00

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