

L130000041857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

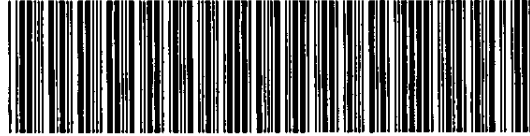
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400282752184

03/03/16--01015--014 \*\*30.00

2016 MAR -3 P 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 04 2016

S MASON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Remove Name from the 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:

William Birchard  
Name of Person

Andronics Super Blue LLC  
Firm/Company

3665 East Bay Dr #157  
Address

Largo FL - 33771  
City/State and Zip Code

WILdbill303@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

or 847-4150

William Birchard at (727) 343-7328  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Andronics Super Blue LLC

SECRETARY OF STATE  
TAMM  
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------|-----------------------|--------------------------------------------|
| MGR          | Baryatun, FNU | 3665 East Bay Dr "151 | <input type="checkbox"/> Add               |
|              |               | Largo, FL 33721       | <input checked="" type="checkbox"/> Remove |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |

FILED  
 2016 MAR -3 P 12:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/3/2016, \_\_\_\_\_

1  
L. G. Paul

Signature of a member or authorized representative of a member

Willian Birchard  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2018 MAR - 3 P 12:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA