

L13000107709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

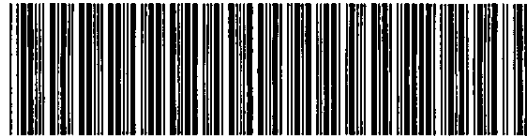
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NOV 12 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BRIC FLORIDA 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:

STEVEN KLEINBERGER

Name of Person

SMK ACCOUNTING SERVICES, INC.

Firm/Company

226 WILSHIRE BLVD

Address

CASSELBERRY, FL 32707

City/State and Zip Code

SKLEINB257@AOL.COM

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

For further information concerning this matter, please call:

STEVEN KLEINBERGER

Name of Person

at **(407) 339-1220**

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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CLERK OF THE COURT

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:

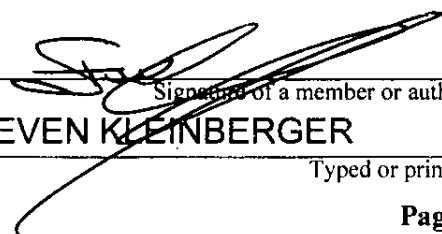
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTUS V KUIJK	140 N WESTMONTE DRIVE SUITE 220	☐ Add
		ALTAMONTE SPRNGS, FL 32714	☒ Remove
MGR	ROBERTUS V KUIJK	140 N WESTMONTE DRIVE SUITE 220	☒ Add
		ALTAMONTE SPRINGS, FL 32714	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member
STEVEN KLEINBERGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA