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TALLAHASSEE, FLORIDA

NOV 21 2013
L. L.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Office of David A. Salisbury II, 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. Salisbury II

Name of Person

Firm/Company

2400 1st Street South, Unit I-13

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

David.Salisbury@law.fcsi.edu

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

For further information concerning this matter, please call:

David A. Salisbury II

Name of Person

at (256) 508-5417

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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DIVISION OF CORPORATIONS

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Limited Liability Purpose- Practice of Law

Dated November 18, 2013

David A. Salisbury II

Signature of a member or authorized representative of a member

David A. Salisbury II

Typed or printed name of signee

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Filing Fee: \$25.00

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