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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

FEB -2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Terapin Accounting & Business Consulting Services, 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:

Karen Smith

Name of Person

Terapin Accounting & Business Consulting Services, LLC

Firm/Company

8359 Beacon Blvd

Address

Fort Myers, FL 33907

City/State and Zip Code

karen@terapinbc.com

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

For further information concerning this matter, please call:

Karen Smith

239 789-6144

Name of Person

at ()

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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MBR	Sam Bath	8359 Beacon Blvd	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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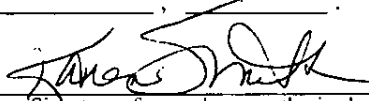
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 1 2015



Signature of a member or authorized representative of a member

Karen Smith

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA