

L140000 54450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

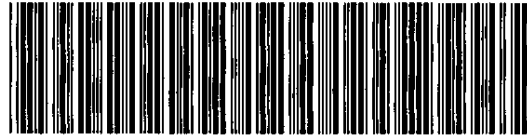
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/15/14--01022--023 \*\*25.00

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2014 APR 15 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 16 2013

T. HAMPTON

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330  
EMAIL: ttran@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REGULAR / EXPEDITE FILING SERVICE**

DATE: 4/11/2014

FROM: TENG TRAN

Client Matter: #

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Mohr Crawford Ness LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: ( )

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mohr Crawford Ness 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:

Teng Tran

Name of Person

Rocket Lawyer

Firm/Company

5668 E 61st St

Address

Commerce CA 90040

City/State and Zip Code

darren@beforeunit.com

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

For further information concerning this matter, please call:

Teng Tran

Name of Person

at (

800 462-5487 x133

) 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

Mohr Crawford Ness LLC

Page 1 of 3

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and assigned  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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>
AMBR	Darren Crawford	195 River Dr	<input type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

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

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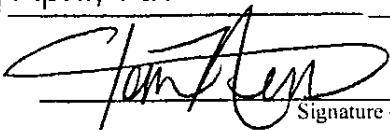
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 April, 7th, 2014



Signature of a member or authorized representative of a member

Tom Ness

Typed or printed name of signee

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TALLAHASSEE, FLORIDA