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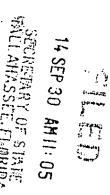
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special Mathematics to Fining Officer.  |
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Office Use Only



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09/30/14--01010--002 \*\*25.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

REMIDA MANAGEMENT LLC

SUBJECT:

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:

DANIELE ZAMPA

Name of Person

REMIDA MANAGEMENT LLC

Firm/Company

2961 1ST AVE N #F

Address

ST PETERSBURG FL, 33713

City/State and Zip Code

REMIDAMNG@GMAIL.COM

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

For further information concerning this matter, please call:

MICHEAL F TAYLOR

727 412-0550

Name of Person

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

MGR = Manager

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:

| AMBR = A          | uthorized Member |   |                                       |
|-------------------|------------------|---|---------------------------------------|
| <u>Title</u>      | <u>Name</u>      | Address Type of Acti                              | <u>on</u>                             |
| MGR               | MICHEAL F TAYLOR | 5023 STARFISH DR SE APT C EXAD                    |                                       |
|                   |                  | ST PETERSBURG FL Remove                           |                                       |
|                   |                  | 33705   |                                       |
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| e effective date | , if other than the date of filing:  must be specific, cannot be prior to date of receipt or filed date and cannot b ament is filed by the Florida Department of State) | (optional)<br>be more than 90 days after |
| e effective date | must be specific, cannot be prior to date of receipt or filed date and cannot b   | (optional)<br>be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00

14 SEP 30 AM II: 05
SECRETARY OF STATE