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(Address)

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OBTAIN 14-AUG-1 11 30Z

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mark's Mobil Computer 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:

Mark E Duffany

Name of Person

Mark's Mobil Computer Services LLC

Firm/Company

125 Pelican Island Pl

Address

Sebastian, Florida 32958-6965

City/State and Zip Code

duffanys@gmail.com

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

For further information concerning this matter, please call:

Mark Duffany

Name of Person

at **(772) 713-3939**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

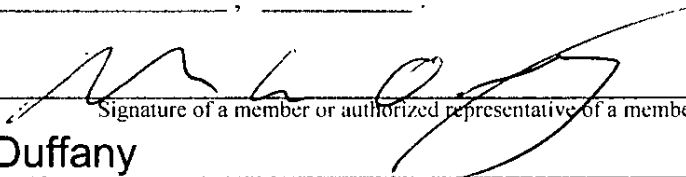
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark E Duffany	125 Pelican Island Pl	<input checked="" type="checkbox"/> Add
		Sebastian, Fl 32958	<input type="checkbox"/> Remove
AP	Susanna E Duffany	125 Pelican Island Pl	<input type="checkbox"/> Add
		Sebastian, Fl 32958	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 July 28, 2014



Signature of a member or authorized representative of a member
Mark E Duffany

Typed or printed name of signee

2014 JUL 29 10:02 AM
CLERK OF COURT
JUL 29 2014