

L14000132136

(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



700270854177

700270854177
03/23/15--01050--001 **60.00

FILED
2015 MAR 23 PM 12:17
CLERK OF COURT
TALLAHASSEE, FLORIDA

APR 15 2015
D. BRUCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Thurber, Rudd & Voight, 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:

John Thurber

Name of Person

Thurber, Rudd & Voight, LLC

Firm/Company

497 Serenoa Road, unit 1

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

thurberTRV@aol.com

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

For further information concerning this matter, please call:

Steven Rudd

Name of Person

850 at ()

Area Code

381-4494

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

FILED
2015 MAR 23 PM 12:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Page 1 of 3

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	Steven Rudd	497 Serenoa Road	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

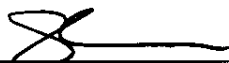
FILED
2015 MAR 2 PM 12:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 March 13, 2015



Signature of a member or authorized representative of a member

Steven Rudd

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR 23 PM 12:17
CLERK OF STATE
TALLAHASSEE FLORIDA