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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROVER CORLEW OF FLORIDA, 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:

Anuj Grover

Name of Person

Grover Corlew of Florida, LLC

Firm/Company

220 Congress Park Dr., Suite 130

Address

Delray Beach, FL 33445

City/State and Zip Code

agrover@grovercorlew.com

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

For further information concerning this matter, please call:

Anuj Grover

Name of Person

at **(404) 822-7328**

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

GROVER CORLEW OF FLORIDA, LLC

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
Zip Code

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	Alan Karrh	220 Congress Park Dr.	<input checked="" type="checkbox"/> Add
		Suite 130	<input type="checkbox"/> Remove
		Delray Beach, FL 33445	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 **September 19**, **2014**

Anuj Grover

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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