

L14000135500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2014

ROBIN PLATZER
4509 BEE RIDGE ROAD, SUITE A
SARASOTA, FL 34233

SUBJECT: LAW OFFICES OF CURTIS DALE RIDDLE LLC
Ref. Number: L14000135500

We have received your document for LAW OFFICES OF CURTIS DALE RIDDLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

You must list in the document what professional services that are being provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00024906

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BUREAU OF COMMERCIAL
REGISTRATION SERVICES

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TAMMI CLINE
REG. SPECIALIST II

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAW OFFICES OF CURTIS DALE RIDDLE 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:

ROBIN PLATZER

Name of Person

LLJ ACCOUNTING

Firm/Company

4509 BEE RIDGE ROAD SUITE A

Address

SARASOTA, FL 34233

City/State and Zip Code

ROBIN@THETAXHANDLERS.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ROBIN PLATZER

Name of Person

at **813**

Area Code

928-6863

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

LAW OFFICES OF CURTIS DALE RIDDLE LLC

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

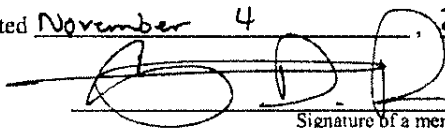
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 November 4, 2014.



Signature of a member or authorized representative of a member

Curtis Dale Riddle

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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