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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WOLF LABORATORY MANAGEMENT, LLC

| | |
|-----------------------|---------|
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81125

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18 SEP 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLF LABORATORY MANAGEMENT, 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 D. COHEN

Name of Person

MARK D. COHEN PA

Firm/Company

4000 HOLLYWOOD BLVD., STE 435 SOUTH

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

mdcohenpa@yahoo.com

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

For further information concerning this matter, please call:

MARK D. COHEN

Name of Person

at 954 962-1166

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$35.00 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

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 | MATTHEW SCHULZ | 4000 HOLLYWOOD BLVD | <input checked="" type="checkbox"/> Add |
| | | STE. 435 SOUTH | <input type="checkbox"/> Remove |
| | | HOLLYWOOD, FL 33021 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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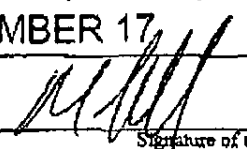
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 17, 2014



Signature of a member or authorized representative of a member

MARK D. COHEN

Typed or printed name of signee

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Filing Fee: \$25.00

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