

U4000138155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

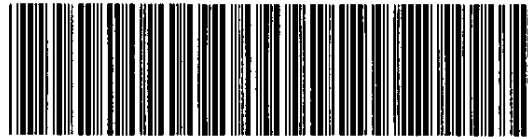
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 18 PM 4:46
FEB 18 2015
10:00 AM
FEB 18 2015

FEB 25 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY PREMIUM INSURANCE 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:

MOHAMED DATOO

Name of Person

LIBERTY PREMIUM INSURANCE LLC

Firm/Company

468 SAINT REMI WAY

Address

SANFORD, FLORIDA 32771

City/State and Zip Code

mohamed.datoo@gmail.com

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

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15 FEB 18 PM 4:13
REGISTRY OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MOHAMED DATOO

516

637-7734

Name of Person

at ()

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

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

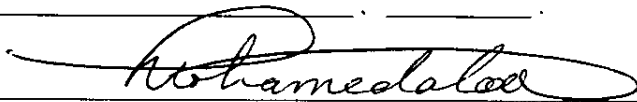
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 FEBRUARY 11, 2015



02/11/15

Signature of a member or authorized representative of a member

MOHAMED DATOO

Typed or printed name of signee

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15 FEB 18 PM 4:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA