

L150000033348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

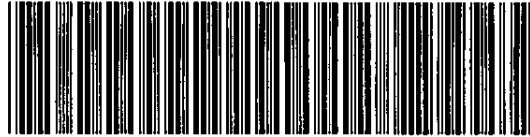
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300270196263

03/04/15--01019--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -4 PM 3:52

Name ch8
@ 3/24/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOVER PRIVATE INVESTIGATING SERVICE, 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:

MICHAEL GLOVER

Name of Person

Firm/Company

9378 ARLINGTON EXPRESSWAY # 336

Address

JACKSONVILLE, FLOIRDA 32225

City/State and Zip Code

MGLOVER7143@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES BUTLER

904 662-7775

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


March 24, 2015

Florida Department of State
Division of Corporations
2661 Executive Center Circle West
Tallahassee, Florida 322301

To Whom It May Concern and Ms. Irene:

This letter is sent to inform you that Michael Glover will not be reinstating the corporation that is named Glover Private Investigative Service, Inc. and will release the name as of today's date. If you should have any questions, please contact me at (904) 662-7775.

Sincerely,

A handwritten signature in black ink, appearing to be "James Butler", with a long horizontal line extending to the right.

James Butler
Accountant

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -4 PM 3:52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

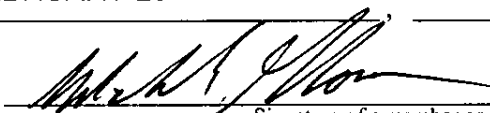
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 26, 2015



Signature of a member or authorized representative of a member

MICHAEL GLOVER

Typed or printed name of signee