

L16000105089

(Requestor's Name)

(Address)

(Address)

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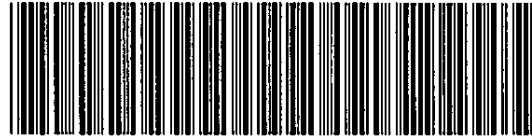
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TITAN BRIDGE, 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:

ANTHONY F. AGOSTO
Name of Person

Firm/Company

5102 MORTIER AVENUE
Address

BELLE ISLE, FL 32812
City/State and Zip Code

aagosto@att.net

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

For further information concerning this matter, please call:

WILLIAM AKERS III
Name of Person

at (386) 672-0420
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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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

TITAN BRIDGE, LLC

The Articles of Organization for this Limited Liability Company were filed on MAY 23, 2016 and assigned Florida document number L 16000105089

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>CLIFFORD A. GOELLER</u>	<u>223 WOODLAND DR. APT 07</u>	<input type="checkbox"/> Add
		<u>BEAVER DAM, WI 53916</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>KRISTA A. GOELLER</u>	<u>223 WOODLAND DR. APT 07</u>	<input type="checkbox"/> Add
		<u>BEAVER DAM, WI 53916</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ANTHONY F. AGOSTO</u>	<u>5102 MORTIER AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>BELLE ISLE, FL 32812</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 29, 2016.

Signature of a member or authorized representative of a member

Anthony F. Agosto

Typed or printed name of signee