

L16 000129112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 AUG -9 AM 10:44  
TALLAHASSEE, FLORIDA

AUG 09 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2016

ELIZABETH SURIEL  
5035 E BUSCH BLVD SUITE 2  
TAMPA, FL 33617

SUBJECT: TAX PROS GROUP II  
Ref. Number: L16000129112

We have received your document for TAX PROS GROUP II and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 116A00015614

COVER LETTER

TO: Registration Section  
Division of Corporations

TAX PROS GROUP II

SUBJECT:

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:

ELIZABETH SURIEL

Name of Person

TAX PROS GROUP II

Firm/Company

5035 E. BUSCH BLVD SUITE 2

Address

TAMPA, FL 33617

City/State and Zip Code

Taxprosgrp@tampapa@gmail.com

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

For further information concerning this matter, please call:

ELIZABETH SURIEL

Name of Person

at (Area Code)

727 712-7863

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

16 AUG -8 PM 4:47

45

2016 AUG -9 PM 4:10

TALLAHASSEE, FLORIDA

## TAX PROS GROUP II

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>
MGR	ELIZABETH SURIEL	5035 E. BUSCH BLVD SUITE 2	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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AM 10:44  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 AUG -9 AM 10:44  
ALLAHACRE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

7/20 2016  
Elizabeth Sriel

Signature of a member or authorized representative of a member

Elizabeth Sriel

Typed or printed name of signee