

LI6000208735

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOMERANGZ 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:

MARSHA SIHA

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 SUITE 220

Address

HOUSTON TX 77064

City/State and Zip Code

MARSHA@INCFIL.COM

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

For further information concerning this matter, please call:

MARSHA SIHA

at (888)

462-3453

Name of Person

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

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TREASURY OF STATE
HALLSSEE, FLORIDA

New Registered Agent

MGR = Manager
AMBR = Authorized Member

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2011 MAR 15 A 9 04
☒ Add
☐ Remove
SECRETARY OF STATE
FLORIDA

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 MARCH 12, 2017

Justin Vianello - AMBR

Signature of a member or authorized representative of a member

Justin Vianello

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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