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(Requestor's Name)

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(City/State/Zip/Phone #)

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FILED  
MAR 28 2010  
FBI - NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MUNICIPAL RECEIVER SERVICES, 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:

GINA SOLOW

\_\_\_\_\_  
Name of Person

MUNICIPAL RECEIVER SERVICES, LLC

\_\_\_\_\_  
Firm Company

2709 S HWY A1A

\_\_\_\_\_  
Address

MELBOURNE BEACH FL 32951

\_\_\_\_\_  
City/State and Zip Code

GINASOLO2@GMAIL.COM

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

For further information concerning this matter, please call:

GINA SOLOW

954

646-1115

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## MUNICIPAL RECEIVER SERVICES, LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGRM	GINA SOLOW	5920 S. HWY A1A	<input checked="" type="checkbox"/> Add
		STE 202	<input type="checkbox"/> Remove
		MELBOURNE BEACH FL 32951	<input type="checkbox"/> Change
MGRM	HAROLD B. KLITE TRUPPMAN	5920 S. HWY A1A	<input type="checkbox"/> Add
		MELBOURNE FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Feb 28 11:41 AM  
CALL IN - 11:11

(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)

Gina Solow

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Typed or printed name of signee