

L24000308925

11/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

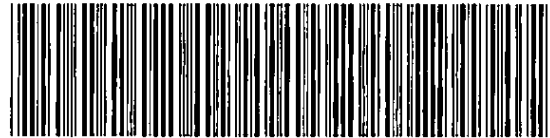
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500436196135

05/11 14--01017--012 **35.00

2016-07-11 11:44:40
STANDARD
JUL 11 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WICKLANDER-ZULAWSKI & ASSOCIATES 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:

SUSAN THOMPSON

Name of Person

WICKLANDER-ZULAWSKI & ASSOCIATES LLC

Firm/Company

323 W GALENA BLVD

Address

AURORA IL 60506

City/State and Zip Code

sthompson@w-z.com

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

For further information concerning this matter, please call:

SUSAN THOMPSON

630
at ()

324-4260

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

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>
P	DAVID THOMPSON	323 W GALENA BLVD	<input checked="" type="checkbox"/> Add
		AURORA, IL 60506	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
C	WAYNE HOOVER	323 W GALENA BLVD	<input checked="" type="checkbox"/> Add
		AURORA IL 60506	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Shame G. Sturman

SHANE G STURMAN

Typed or printed name of signee

Filing Fee: \$25.00