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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Marine 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:

Terri Bickerstaff

(Name of Person)

Odvantage Maxine ILC

(Firm/Company)

2784 Coastal Highway

(Address)

Crawfordville, FL 32321

(City/State and Zip Code)

For further information concerning this matter, please call:

Terni Bicker stoff at (850) 926-6020

(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

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company as it appears on the records of the Department of State is: Qd\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Florida
2. This entity was formed under the laws of: Florida	<u></u> *
3. This entity was authorized to transact business in Florida on 12/9/20 and its Florida document/registration number is	<u> </u>
4. The name and address of each manager or managing member is as follows:	
Title:  "MGR" = Manager  "MGRM" = Managing Member	
MGRM Charles D. Bicke 2784 Coastal High	rstaff
MGRM Terril Bickersto	ff hway 327
	SECHLIAI
	AMIO 5
	DA.
Required Signature:  (Signature of Manager, Managing Member or M	Form in our

Filing Fee: \$25