

MO6 00000 3074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

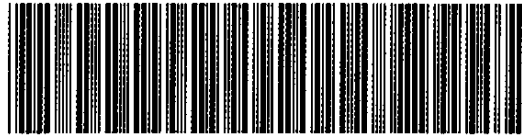
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789, 107, 615, 671

Office Use Only



300080120953

09/27/06--01029--004 **25.00

06 SEP 28 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9-29
CWS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weathercare Solutions, 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:

Ryan Courson
(Name of Person)
Weathercare Solutions
(Firm/Company)
25 South 2nd St.
(Address)
Jacksonville FL 32250
(City/State and Zip Code)

FILED
06 SEP 29 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kelly Mingerink at 616, 460-0732
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2006

RYAN COURSON
25 SOUTH 2ND ST.
JACKSONVILLE, FL 32250

SUBJECT: WEALTHCARE SOLUTIONS, LLC.
Ref. Number: M06000003074

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

We are enclosing the proper form(s) with instructions for your convenience.

The document must contain written acceptance by the registered agent, (i.e. hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

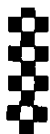
If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 806A00057810

416-531-7773

FILED
06 SEP 29 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**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 Florida Department of State is: WEATHERSAFE SOLUTIONS
2. This entity was formed under the laws of: Florida Michigan
3. This entity was authorized to transact business in Florida on MAY 30, 2006 and its Florida document/registration number is MD6000003074
4. The name and address of each manager or managing member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Ryan Louison
25 South 2nd St
Jacksonville FL 32205

MGR

Kelly Mingerink
4433 Byron Center
Wyoming MI 48519

06 SEP 29 PM 12:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Required Signature:

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25