

M100000001082

(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:

**A. LUNT**  
JUN - 2 2010  
**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 27 AM 11:18

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BULL RUN CONTRACTORS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIK LEE  
Name of Person  
BULL RUN CONTRACTORS, LLC  
Firm/Company  
P.O. Box 110988  
Address  
NAPLES, FL.  
City/State and Zip Code  
INFO@BULLRUNCONTRACTORS.COM  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ERIK LEE at (239) 566-9892  
Name of Person Area Code and Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: BULL RUN CONTRACTORS, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on \_\_\_\_\_  
and its Florida document/registration number is M1-1082

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ERIK LEE  
P.O. Box 110988  
NAPLES, FL 34108

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Required Signature: \_\_\_\_\_

Erik Lee Manager  
Signature of Manager, Managing Member or Member

Filing Fee: \$25