

M13 000007289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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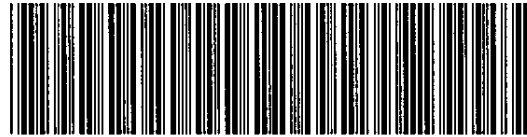
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 27 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Excel Impact, 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:

Craig J. Sturgill

Excel Impact, LLC

Firm/Company

445 W LIBERTY ST SUITE 215

Address

MEDINA, OH 44256

City/State and Zip Code

craig@excelimpact.com

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

For further information concerning this matter, please call:

Craig J Sturgill

at (330) 476-2757

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

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DIVISION OF CORPORATIONS

**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: Excel Impact LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 11/18/2013
and its Florida document/registration number is M13000007289
4. The name and address of each manager or managing member is as follows:

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

Name and Address:

MGR

STURGILL, CRAIG J

445 W LIBERTY ST SUITE 215

MEDINA, OH 44256

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

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CLERK
ALBANY, NY 12204

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