

L05000097213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

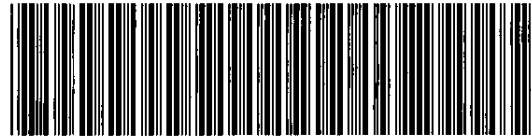
(Business Entity Name)

(Document Number)

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**FILED**  
11 MAY 20 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY 23 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KAREN F. OTTEWELL 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:

**KAREN F. OTTEWELL**  
Name of Person  
**KAREN F. OTTEWELL LLC**  
Firm/Company  
**812 TALLGRASS LANE**  
Address  
**BRADENTON FLORIDA. 34212**  
City/State and Zip Code  
**shillinglea2003@yahoo.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KAREN OTTEWELL** at ( **941** ) **870-7313**  
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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

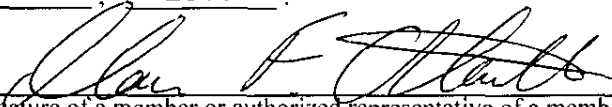
| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|-------------------|--|--|
| MGRM         | KAREN F. OTTEWELL | 812 TALLGRASS LANE<br>BRADENTON<br>FLORIDA 34212 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MAY 20 AM 10:24  
TALLAHASSEE, FLORIDA

Dated MAY 16TH 2011

  
Signature of a member or authorized representative of a member

KAREN F. OTTEWELL

Typed or printed name of signee