

L12000113184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEC 14 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MALI FLORIDE**

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:

CLEO COLLANGE

Name of Person

KPL MANAGEMENT LLC

Firm/Company

299 CAMINO GARDENS BLVD #201

Address

BOCA RATON, FL 33432

City/State and Zip Code

CLEO@KPLDEVELOPMENT.COM

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

For further information concerning this matter, please call:

CLEO COLLANGE

Name of Person

at (**561 447-7977**)

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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TALLAHASSEE, FLORIDA

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MALI FLORIDE

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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	ANDRE FARGET	626 RUE HECTOR BERLIOZ	<input checked="" type="checkbox"/> Add
		01480 BEAUREGARD, FRANCE	<input type="checkbox"/> Remove
MGRM	ERIC KORCHIA	160 W CAMINO REAL	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

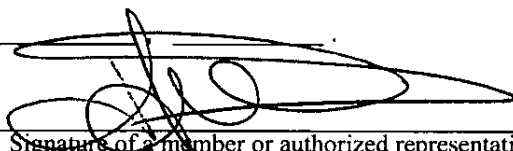
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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

ERIC KORCHIA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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