

L14000004890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

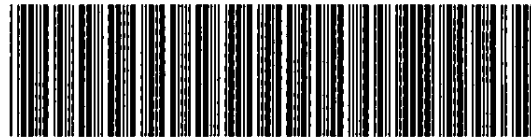
(Business Entity Name)

(Document Number)

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J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: King Paradise 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:

Ming Xing Wang

Name of Person

King Paradise LLC

Firm/Company

PO Box 661411

Address

Arcadia, CA 91066-1411

City/State and Zip Code

kingparadisellc@gmail.com

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

For further information concerning this matter, please call:

Ming Xing Wang

Name of Person

at ( 626 )

Area Code

2360056

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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King Paradise LLC

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FBI  
e name of the new

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ming Xing Wang	763 Arcadia Ave, #10	<input type="checkbox"/> Add
		Arcadia, CA 91007	<input checked="" type="checkbox"/> Remove
AMBR	Ming Xing Wang Trustee of the TCRJ Family Trust dated May 21, 2014	763 Arcadia Ave, #10	<input checked="" type="checkbox"/> Add
		Arcadia, CA 91007	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JULIA H. SUTTER  
STATE OF FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 29th, 2014



Signature of a member or authorized representative of a member

Ming Xing Wang

Typed or printed name of signee

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Filing Fee: \$25.00

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA