

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008046

**Entity Name:** LOVE LETTERS: RANDOM CARDS OF KINDNESS, INC.

**Current Principal Place of Business:**

285 UPTOWN BLVD.  
709  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

285 UPTOWN BLVD.  
709  
ALTAMONTE SPRINGS, FL 32701

**FEI Number: 26-0739099**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CHANA, KAITLYN  
285 UPTOWN BLVD.  
709  
ALTAMONTE SPRINGS, FL 32701 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CHANA, KAITLYN  
Address 285 UPTOWN BLVD. # 709  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VPTD  
Name CHANA, KAREN  
Address 285 UPTOWN BLVD. # 709  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title SD  
Name CLEMENTI, MEGAN  
Address 8363 BAYWOOD VISTA DR.  
City-State-Zip: ORLANDO FL 32810

Title D  
Name BANGERT, BECKY  
Address 14244 NOTTINGHAM WAY CIR.  
City-State-Zip: ORLANDO FL 32828

Title D  
Name CHRISTINA, CARTER  
Address 6528 LAKE PEMBROKE PL  
City-State-Zip: ORLANDO FL 32829

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAITLYN CHANA**

**PRES**

**01/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date