

L01000003887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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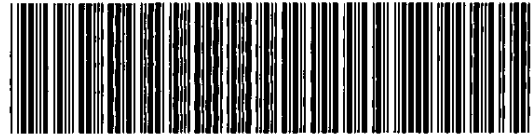
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
SEP 08 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cards & Gifts of St. Cloud, 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:

**Phillip C Owen**

Name of Person

**Cards & Gifts of St. Cloud, LLC**

Firm/Company

**1509 Sunset Pointe Place**

Address

**Kissimmee, FL 34744**

City/State and Zip Code

**patbran07@aol.com**

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

For further information concerning this matter, please call:

**Patricia Brannon**

Name of Person

at ( **407** )

**892-6317**

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

CARDS & GIFTS OF ST. CLOUD, LLC

Page 1 of 2

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	Bruce Hugh Brannon	2260 Emperor Drive Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Phillip C Owen	1509 Sunset Pointe PL Kissimmee, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Marian L Owen	1509 Sunset Pointe PL Kissimmee, FL 34744	<input type="checkbox"/> Add <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

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TALLAHASSEE, FLORIDA

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

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Dated September 1, 2010

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Phillip C. Owen  
 \_\_\_\_\_  
 Typed or printed name of signee