## L02000018098

(Requestor's Name)					
(Address)					
(Address)					
Ų 1					
(City/State/Zip/Phone #)					
☐ PICK-LIP	☐ WAIT	MAIL			
<u> </u>	L) *****				
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
·	·				
Certified Conies	Cartificates	of Status			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:	_			
		1			
		1			
		<b></b>			
		ļ			
- 1-0	05/				
L02-18698NC					
<u> </u>					

Office Use Only



700042419917

11/03/04--01018--001 \*\*25.00

## TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT:	TheCasinoCatalo	og.com., LLC			
	(Name of Li	mited Liability Compan	y)		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
	Douglas D. Myers				
		Name of Person)			
TheC	asinoCatalog.com., LLC				
	(	Firm/Company)			
12565 N	V 67th Drive	(Address)	·		
Pa	rkland, FL 33076 (City	/State and Zip Code)			
For further information	concerning this matter, please	call:			£0
Douglas D. M		at (_954	341-633		04 H201 - 3
	(Name of Person)	(Area C	ode & Daytime	Telephone Number)	C.7
Enclosed is a check for th	e following amount:				
<b>Ø</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy		Certificate of Status Certified Copy (additional copy is e	& <del></del>
STREET ADDRESS:		MAIL	JNG ADDRI	ess:	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314