

L03000056853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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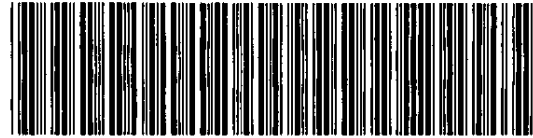
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

KEVIN CONDATORE LLC

SUBJECT: _____
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:

KEVIN CONDATORE

Name of Person

KEVIN CONDATORE LLC

Firm/Company

742 GWEN ST

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

SGANDY9@MSN.COM

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

For further information concerning this matter, please call:

SHARON CONDATORE

850 933-7260

Name of Person

at (_____) _____

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

KEVIN CONDATORE LLC

The Articles of Organization for this Limited Liability Company were filed on 12/30/2003 and assigned
Florida document number L03000056853.

CONDATORE LLC

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

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)

NOVEMBER 10 2014

Dated _____, _____



Signature of a member or authorized representative of a member

KEVIN CONDATORE

Typed or printed name of signee

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