

L060000063476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

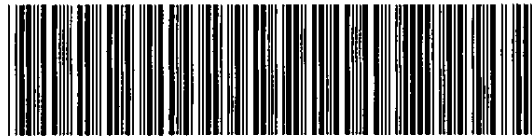
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/09--01004--001 **25.00

RECEIVED
09 OCT - 6 AM 8:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 OCT - 6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT - 6 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elegant Occasions Event Professionals, 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:

Alex Anta

Name of Person

Firm/Company

6435 Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

alex@eoep.com

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

For further information concerning this matter, please call:

Alex Anta

Name of Person

at (954)

722-2223

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

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	Alex Anta	6435 Commercial Blvd Tamarac, FL 33319	☒ Add ☐ Remove
MGRM	Wayne Labush	6435 Commercial Blvd Tamarac, FL 33319	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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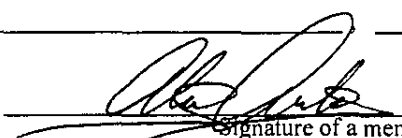
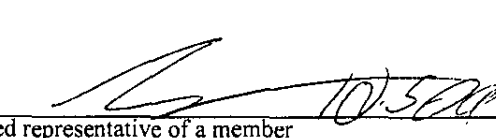
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 6 AM 8:20

FILED

Dated _____

 10:509  10:509

Signature of a member or authorized representative of a member

Alex Anta Wayne Labush

Typed or printed name of signee