

L06000090170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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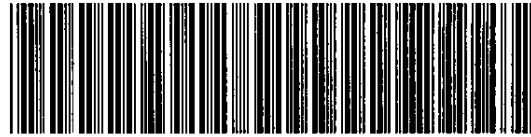
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 21 PM 11:07

T. HAMPTON

OCT 22 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Miracle League South Lake, 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:

Kelly Puckett

Name of Person

Central Florida Miracle League, Inc.

Firm/Company

P.O. Box 664

Address

Windermere, FL 34786

City/State and Zip Code

kpuckett@cflmiracleleague.com

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

For further information concerning this matter, please call:

Kelly Puckett

Name of Person

at (**407**)

619-0280

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

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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>
MGR	<u>Centurk Florida</u> <u>Miracle League, Inc.</u>	<u>P.O. Box 664</u> <u>Windermere, FL 34786</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>Kelly Puckett</u>	<u>9114 Galleon Drive</u> <u>Orlando, FL 32819</u>	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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DIVISION OF CORPORATIONS

Dated _____

Signature of a member or authorized representative of a member

Kelly Puckett

Typed or printed name of signee