

LOG 000/06942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

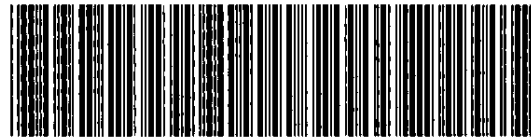
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200181655792

06/07/10--01014--005 **30.00

T. CLINE

JUN - 8 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN -7 AM 9:54

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dave & Esther Nutrition Center 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:

Esther L Mangal

Name of Person

Poinciana Nutrition Center LLC

Firm/Company

839 Cypress Parkway

Address

Poinciana, FL 34759

City/State and Zip Code

Deorajsf@yahoo.com

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

For further information concerning this matter, please call:

Esther Mangal

Name of Person

at (407)

944-0499

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

FILED
2010 JUN - 7 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dave & Esther Nutrition Center LLC

(A Florida Limited Liability Company)

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	Esther Mangal	2878 Sweetspire Circle Kissimmee, FL 34746	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
 JUN - 7 2010
 9:54
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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

Not Applicable

* X Dated June 3, 2010.

* Hemant Mangal

Signature of a member or authorized representative of a member

Hemant Mangal

Typed or printed name of signee