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(Requestor's Name)

(Address)

(Address)

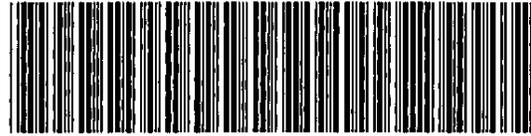
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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DIVISION OF CORPORATIONS
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TO: Registration Section
Division of Corporations

SUBJECT: KODIAK CAPITAL PARTNERS FLORIDA, 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:

KEVIN D. LANDERS
(Name of Person)

KODIAK CAPITAL PARTNERS, LLC.
(Firm/Company)

324 ROYAL PALM WAY, SUITE 219
(Address)

PALM BEACH, FL 33480
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN D. LANDERS at (561) 835-8611
(Name of Person) (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

