

LD7000136732

(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



400162286904

11/02/09--01033--010 **25.00

FILED
09 NOV -2 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Volsam Holdings 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:

Satya N. Voleti

Name of Person

Volsam Holdings LLC

Firm/Company

PO Box 495910

Address

Port Charlotte, FL 33949-5910

City/State and Zip Code

sath.voleti@gmail.com

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

FILED
09 NOV -2 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Satya N. Voleti

Name of Person

at (941)

258-3374

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

Volsam Holdings 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>
			<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
			<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.)*

Income for MGRM Satya N. Voleti will be reported to Satya N Voleti PA effective
to January 1, 2009.

Dated October 30, 2009

Signature of a member or authorized representative of a member

Satya N. Voleti

Typed or printed name of signee

FILED
09 NOV -2 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA