

L070000045480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

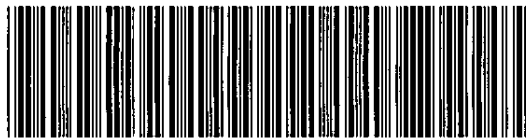
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 12 2009

EXAMINER



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVENTUSOFT L.L.C.  
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:

KAUSTUBH KALE  
Name of Person  
AVENTUSOFT L.L.C.  
Firm/Company  
8995 CHAMBERS ST  
Address  
TAMARAC, FL, 33321  
City/State and Zip Code  
KAUSTUBH@AVENTUSOFT.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

KAUSTUBH KALE at (954) 931 1971  
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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 2

**MGR = Manager**  
**MGRM = Managing Member**

[illegible]

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated JUNE 4<sup>th</sup>, 2009

Dated JUNE 4<sup>th</sup>, 2009

Signature of a member or authorized representative of a member

KAUSTUBH KALE

Typed or printed name of signee