

LO7000077099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

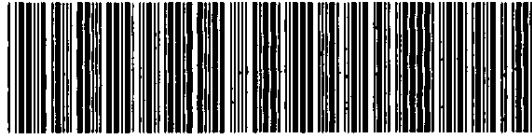
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 22 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMPIRE ART DIRECT, 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:

GARY HELMAN  
Name of Person  
EMPIRE ART DIRECT, LLC  
Firm/Company  
550 COCONUT CIRCLE  
Address  
WESTON FL 33326  
City/State and Zip Code  
GARY@EMPIREARTDIRECT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY HELMAN at (954) 317-2795  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

EMPIRE ART DIRECT, LLC

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:

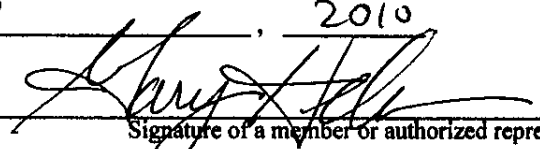
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARY HELMAN	EMPIRE ART DIRECT, LLC 550 COCONUT CIRCLE WESTON FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GARY HELMAN	EMPIRE ART DIRECT, LLC 550 COCONUT CIRCLE WESTON FL 33326	<input type="checkbox"/> Add <input checked="" 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.)

Dated 4-19, 2010

  
Signature of a member or authorized representative of a member

GARY HELMAN  
Typed or printed name of signee

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