

L07000085549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

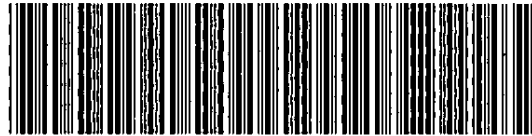
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 SEP 14 PM 3:06

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: OM ABSOLUTE RETURN FUND, 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:

GIGNESH MOVALIA

Name of Person

OM GLOBAL INVESTMENT FUND, LLC

Firm/Company

15310 AMBERLY DRIVE, SUITE 250

Address

TAMPA, FL 33647

City/State and Zip Code

GM@OMIMLLC.COM

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

For further information concerning this matter, please call:

GIGNESH MOVALIA

Name of Person

at ( 813 )

388-5476

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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DIVISION OF CORPORATIONS  
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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

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	SONA MOVALIA	15310 AMBERLY DRIVE SUITE 250 TAMPA, FL 33647	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 8, 2009.



Signature of a member or authorized representative of a member

GIGNESH MOVALIA

Typed or printed name of signee