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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 18 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cool Imports, 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:

Dwight Cool  
Name of Person  
Cool Imports, LLC  
Firm/Company  
127 W. Fairbanks Ave. #513  
Address  
Winter Park, FL 32789-4326  
City/State and Zip Code  
dricool@cfllr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwight Cool at (407) 404-8229  
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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COOL IMPORTS, 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	Dwight Cool	127 W. Fairbanks Ave. #513 Winter Park, FL 32789-4326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Barbara Mullins	127 W. Fairbanks Ave. #513 Winter Park, FL 32789-4326	<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

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

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

Dated November 18, 2011.



Signature of a member or authorized representative of a member

Dwight Cool

Typed or printed name of signee

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TALLAHASSEE, FLORIDA