

L08000052941

(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



600130739156

06/06/08--01022--016 **25.00

RECEIVED
08 JUN - 6 PM 12:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
08 JUN - 6 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIOGENE LOGISTICS 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:

STEPHEN MANDOL

(Name of Person)

CARRIER SERVICES OF FLORIDA

(Firm/Company)

1210-H CAPITAL CIRCLE SE

(Address)

TALLAHASSEE, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

CARRIER SERVICES OF FLORIDA

(Name of Person)

at (850) 942-7323

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MGR	MARTA CHUNG	5817 BEGG'S RD. STE 3 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	PLEASE REMOVE ↓		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ERROL CHUNG		<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

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

Dated _____

FILED
08 JUN - 6 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member
STEPHEN MANDELL

Typed or printed name of signee