

LD8 000053025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

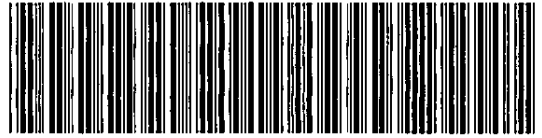
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JUL 13 2009

EXAMINER

COVER LETTER

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

SUBJECT: ROYAL PAIN CLOTHING

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:

MAUREEN HAGGIAG

Name of Person

ROYAL PAIN CLOTHING

Firm/Company

2601 SOUTH PARK RD

Address

HALLANDALE, FLORIDA 33009

City/State and Zip Code

MAUREEN@ROYALPAINCLOTHING.COM

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

For further information concerning this matter, please call:

MAUREEN HAGGIAG

305 542-1110

at (_____) _____

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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TALLAHASSEE, FLORIDA

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ROYAL PAIN CLOTHING, 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	ROBERT HAGGIAG	2601 S. PARK ROAD HALLANDALE, FLA 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEX GONZALEZ	2114 N. FLAMINGO RD # 215 PEMBROKE PINES, FL 33028	<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 JULY 1, 2009


 Signature of a member or authorized representative of a member

MAUREEN HAGGIAG
 Typed or printed name of signee

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