

LD8000056719

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ostryan APR 19 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DAHER TRADING, 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:

**JOSEPH SHOMAR**

Name of Person

**SHOMAR ACCOUNTING, PA**

Firm/Company

**7777 NW 146TH ST**

Address

**MIAMI LAKES, FL 33016**

City/State and Zip Code

**LILY@SHOMARACCOUNTING.COM**

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

For further information concerning this matter, please call:

**JOSEPH SHOMAR**

Name of Person

at ( **305** )

**825-1123**

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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records.)

**(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

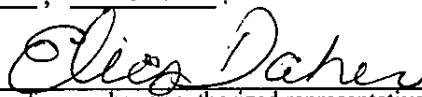
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	MELVINA DAHER	13335 NW 8TH TERR. MIAMI, FL 33182	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

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TALLAHASSEE, FLORIDA

Dated APRIL 8, 2010



Signature of a member or authorized representative of a member

ELIAS DAHER

Typed or printed name of signee