

L08000083906

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(Address)

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(City/State/Zip/Phone #)

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10 MAY -3 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -4 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KISS ME 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:

**CHRISTOPHE RAYROLLES**

Name of Person

**KISS ME LLC**

Firm/Company

**100 N BISCAYNE BLVD - NEW WORLD TOWER SUITE 111**

Address

**MIAMI, FL 33132**

City/State and Zip Code

**kissmelc@live.fr**

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

**FILED**  
**10 MAY -3 PM 4:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**CHRISTOPHE RAYROLLES**

Name of Person

at ( **786** )

**985 1316**

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

**KISS ME 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>                      |
|--------------|---------------------|-----------------------|--|
| MGR          | MONKHUNTOD, CHANIDA | 100 N BISCAYNE BLVD   | <input type="checkbox"/> Add               |
|              |                     | NEW WORLD TOWER # 110 | <input checked="" type="checkbox"/> Remove |
|              |                     | MIAMI, FL 33132       |  |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |
|              |                     |                       |  |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |
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|              |                     |                       | <input type="checkbox"/> Add               |
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|              |                     |                       |  |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |

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

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

Dated APRIL 26th, 2010

Signature of a member or authorized representative of a member

CHRISTOPHE RAYROLLES

Typed or printed name of signee

10 MAY -3 PM 4:28  
 SECRETARY OF STATE  
 PALM HARBOR, FLORIDA

FILED