

LD9000013455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

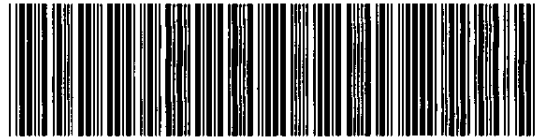
Special Instructions to Filing Officer:

**L. SELLERS**

MAR - 3 2009

**EXAMINER**

• Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FRESH START PIZZA 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:

Kirk Luchman

(Name of Person)

(Firm/Company)

1116 Blackhawk Way

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirk Luchman

(Name of Person)

at ( 321 ) 277-2702

(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

FRESH START PIZZA LLC

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SEC. STAFF OF STATE  
TALLAHASSEE FLORIDA

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:

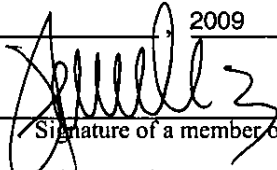
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kirk Thomas Luchman, Jr.	1116 Blackhawk Way Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Richard Orr	2801 Chancellorsville Dr. Unit 521 Tallahassee, FL 32312	<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 February 23

2009



Signature of a member or authorized representative of a member

Louis Hernandez

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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