

L09000025037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

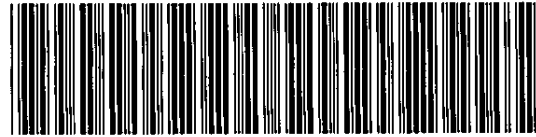
(Business Entity Name)

(Document Number)

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15 MAY -4 AM 8:05

APPROVED  
AND  
FILED

MAY - 4 2015

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FIRE PROOF PAWN & JEWELRY 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:

Roger Huaman

\_\_\_\_\_  
Name of Person

Fire Proof Pawn & Jewelry LLC

\_\_\_\_\_  
Firm/Company

3336-3340 S OBT

\_\_\_\_\_  
Address

Kissimmee FL 34746

\_\_\_\_\_  
City/State and Zip Code

sondor31@msn.com

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

For further information concerning this matter, please call:

Roger Huaman

407

891-3805

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

Fire Proof Pawn & Jewelry, LLC  
(Name of the Limited Liability Company)

15 MAY -4 AM 8:05

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLOR G. SHAH	7121 Indian Grass Rd St Cloud FL	<input checked="" type="checkbox"/> Add
		34773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 01 2015

Signature of a member or authorized representative of a member

ROGER HUAMAN

Typed or printed name of signer