

L09000029347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

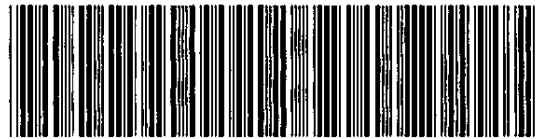
(Document Number)

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2009 AUG 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LI HE CENTURY, 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:

LAN YANG

Name of Person

LI HE CENTURY, LLC

Firm/Company

433 COTTAGEWOOD LN

Address

ROYAL PALM BEACH, FL 33411

City/State and Zip Code

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

For further information concerning this matter, please call:

LAN YANG

Name of Person

at (561)

683-4633

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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2009 AUG 10 PM 2:07

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) TAL

~~SECRETARY 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

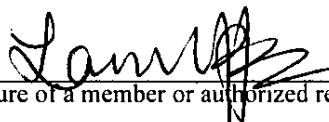
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TIEMING LIU	C1405 WANTONG CTR	<input type="checkbox"/> Add
		CHAO YANG MENWAI ST	<input checked="" type="checkbox"/> Remove
		BEIJING, CH. 100083, CH	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 August 1st, 2009

X



Signature of a member or authorized representative of a member

LAN YANG

Typed or printed name of signee

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2009 AUG 10 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA