

L09000031763

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(Address)

(Address)

(City/State/Zip/Phone #)

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Add Manager (Member)

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:

James Wergeles

Name of Person

LA BELLE IMAGINE GALLERY LLC

Firm/Company

P. O. Box 346

Address

Sarasota, FL 34230

City/State and Zip Code

lyndafinder500@yahoo.com

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

For further information concerning this matter, please call:

James Wergeles

Name of Person

at 941 400-6406

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

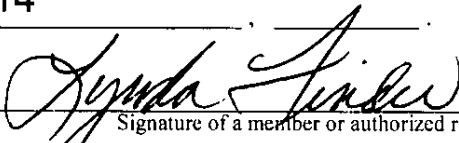
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>James Wergeles</u>	<u>P. O. Box 346</u>	<input checked="" type="checkbox"/> Add
		<u>Sarasota, FL 34230</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/23/2014

X 

Signature of a member or authorized representative of a member

Lynda Finner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 JUL 28 AM 11:45
CLERK OF SUPREME COURT
STATE OF FLORIDA