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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEMPLE AUTO SALES, 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:

CRYSTAL DAVENPORT-HARRIS
Name of Person

TEMPLE AUTO SALES, LLC
Firm/Company

6800 Ambassador Drive
Address

Orlando, FL 32808
City/State and Zip Code

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

For further information concerning this matter, please call:

JEANNET ST CLAIR at 407 610-2245
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

Temple Auto Sales, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

| Title | Name | Address | Type of Action |
|-------|-------------------|--|--|
| MGR | JIGNASHUR R. VORA | 2330 Virginia Drive Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | IBRAHIM NAFEE | 908 BRANTLEY DRIVE Longwood, FL 32779 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | AYUB AHMED | 908 BRANTLEY DRIVE Longwood, FL 32779 | <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 |

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

Dated DECEMBER 17, 2009.

Crystal Davenport-Harris

Signature of a member or authorized representative of a member

CRYSTAL DAVENPORT-HARRIS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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