

LD9 000058428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

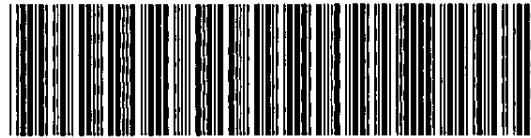
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOYOVAL, 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:

Prabodh C. Patel, Esquire

Name of Person

Straus & Patel, P.A.

Firm/Company

118 West Orange Street

Address

Altamonte Springs, FL 32714

City/State and Zip Code

citywideauto06@hotmail.com

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

For further information concerning this matter, please call:

Prabodh C. Patel

Name of Person

at ( 407 ) 331-5505

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

TOYOVAL, LLC.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NOUSHEEN KHAN	240 WEST CARROLL STREET KISSIMMEE, 34741	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VILMA TROCHEZ	782 MINK COURT KISSIMMEE, FL 34759	<input type="checkbox"/> Add <input checked="" 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.)*

n/a

Dated 5/1, 2012

Signature of a member or authorized representative of a member

NOUSHEEN KHAN

Typed or printed name of signee