

LD9000058861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

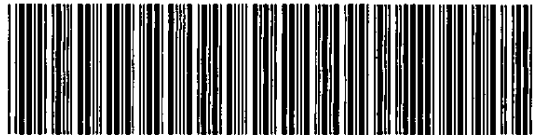
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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IKOM 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:

LAWRENCE H. FEDER, ESQ.

Name of Person

Firm/Company

3900 HOLLYWOOD BLVD., SUITE 103

Address

HOLLYWOOD FL 33021

City/State and Zip Code

LHFLAW@AOL.COM

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

For further information concerning this matter, please call:

JUANITA ALBORNOZ

Name of Person

at (954)

9625571

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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TALLAHASSEE, FLORIDA

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IKOM 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	IGOR KOMAROVSKIY	3900 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	IGOR KAMARO	3900 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD, FL 33021	<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

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AUG 13 2009
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated

August 13, 2009.

Signature of a member or authorized representative of a member

Lawrence H. Foderberg

Typed or printed name of signee