

**LD9000083925**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

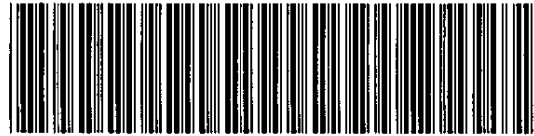
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100105088011

**C. LEWIS**

SEP 10 2009

**EXAMINER**

Back To Perfection

Tim Carroll Sole MBR

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West Palm Beach, FL 33412

Employer ID Number

26-3269874

**C. LEWIS**

SEP 10 2009

**EXAMINER**