

L09000084702

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

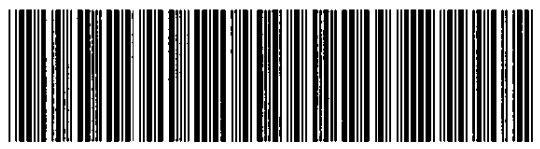
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**A. LUNT**  
SEP 11 2009  
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2009 SEP 10 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DISHES, 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:

**CHRISTIAN JENNY**  
Name of Person

**LGL MANAGEMENT, INC.**  
Firm/Company

**103-B NORTH LAKE DRIVE**  
Address

**ORMOND BEACH, FL 32174**  
City/State and Zip Code

**cjenny@mindspring.com**  
E-mail address: (to be used for future annual report notification)

**FILED**  
2009 SEP 10 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**CHRISTIAN JENNY** at ( **386** ) **437-4103**  
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

**DISHES, 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	L. GALE LEMERAND	103-B NORTH LAKE DRIVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LGL OVEN, LLC	103-B NORTH LAKE DRIVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WTC OVEN, LLC	8 BROADCREEK CIRCLE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRADLEY A. DISCH	2043 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 7, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHRISTIAN JENNY  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2009 SEP 12 PM 1:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA