

**LD9000093339**

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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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D. BRUCE

APR 13 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**                     czdesigns 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:

                    shirley zecher                    

Name of Person

                    shirley zecher                    

Firm/Company

                    195 se andrews dr                    

Address

                    lake city, fl 32025                    

City/State and Zip Code

                    shirleyzecher@comcast.net                    

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

For further information concerning this matter, please call:

                    shirley zecher                    

Name of Person

at (           386           )

          7550607          

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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SECRETARY OF STATE

**czdesigns,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>
manag	carol cieslik	3117 se cr 245 lake city fl 32025	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

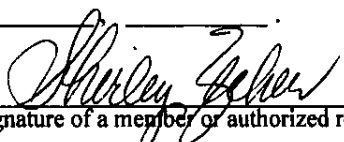
\_\_\_\_\_

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\_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Dated Mar 31, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Shirley Zecher  
\_\_\_\_\_  
Typed or printed name of signee

April 2, 2010

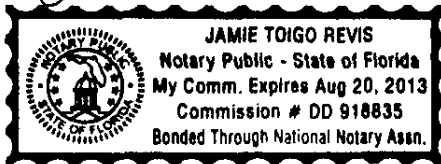
To whom it may concern:

I, Carol Cieslik, am no longer associated with the LLC CZ Designs.

*Carol Cieslik*

Carol Cieslik

4/2/10  
*Jamie Toigo Revis*



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TALLAHASSEE, FLORIDA