

L09000096665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

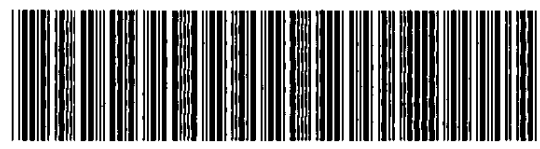
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
NOV 16 2009
EXAMINER

Office Use Only



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10/28/09--01039--011 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2009 NOV 16 PM 2:33
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2009

MIRIAM PERL
3300 NE 191 STREET APT 1117
AVENTURA, FL 33180

SUBJECT: OSHERWAY MANGEMENT, LLC
Ref. Number: L09000096665

We have received your document for OSHERWAY MANGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please state what the name should be.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 209A00034202

COVER LETTER

DATE: AGNES LULT
TO: Registration Section
Division of Corporations

SUBJECT: Osherway Management 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:

Miriam Pearl
Name of Person

OSHERWAY MANAGEMENT LLC.
Firm/Company

3300 NE 191st STREET. Apt 117.
Address

Aventura, FL. 33180
City/State and Zip Code

MIRIPERL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Pearl. at (786) 985-3055.
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: Already paid w/ cashiers check.

- \$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)

Payment sent in October.

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

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

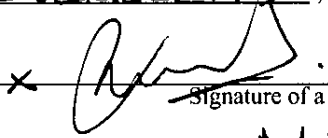
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 STATE OF FLORIDA
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 TALLAHASSEE

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

Just the "NAME" spelling,
 NEEDS TO BE CORRECTED
 DUE TO MISPELLING ON
 THE WORD "MANAGEMENT"

Dated NOVEMBER 13, 2009.

x 

 Signature of a member or authorized representative of a member
MIRIAM PEARL.

 Typed or printed name of signee