

LD9 000107654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

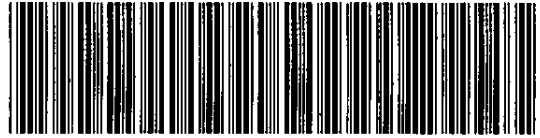
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EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DPF Liquors 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:

Maria Rassi
Name of Person

Firm/Company

5359 S.W. 150th Terr
Address

Miramar FL 33027
City/State and Zip Code

atmcashout1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Rassi at 786 897 2055
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

STANDARD
FILING
FEE
\$30.00
NOV 12 2009

NOV 12 AM 10:46

FILED

DPF Liquors 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	David Rassi	5359 S.W. 150 th Terr miramar, FL 33027	☐ Add ☒ Remove
mGRM	Maria Rassi	5359 S.W. 150 th Terr Miramar, FL 33027	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

2009 NOV 2 AM 10:06
FILED
CLERK OF DISTRICT COURT
SOUTHERS DISTRICT OF FLORIDA

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

Dated 11-9-09, _____.

David Rassi
Signature of a member or authorized representative of a member
David Rassi
Typed or printed name of signee