

W0000010730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 2 PM 2:44

FEB 02

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K's New Start Reality 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:

Gracieluse Toussaint-Magloire
Name of Person

K's New Start Reality LLC
Firm/Company

1234 Cedar Wood Way
Address

Clermont, FL 34714
City/State and Zip Code

GraceKUE01@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gracieluse Toussaint-Magloire 906-547-1924
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

OF

(A Florida Limited Liability Company)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB - 2 P 12:46
abbreviated

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>
MGR	Gracieuse Toussaint-Magloire	1234 Cedar Wood Way Clermont, FL 34714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Wilber Magloire	1234 Cedar Wood Way Clermont, FL 34714	<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
			<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 Feb. 1, 2010

[Signature]
Signature of a member or authorized representative of a member

Gracieuse Toussaint-Magloire
Typed or printed name of signer