

L10000011332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

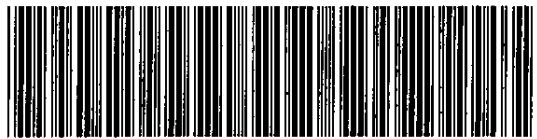
Special Instructions to Filing Officer:

**L. SELLERS**

APR 29 2010

**EXAMINER**

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**FILED**

10 APR 27 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sushi Siam of Tallahassee, 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:

Jason Fudge

Name of Person

Firm/Company

4261 Summertree Drive

Address

Tallahassee, FL 32311

City/State and Zip Code

fudge.jason@gmail.com

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

For further information concerning this matter, please call:

Jason Fudge

Name of Person

at ( 850 ) 322-1501  
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

Sushi Siam of Tallahassee, 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

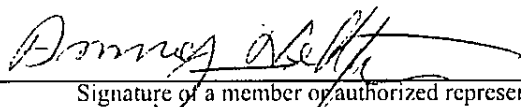
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Ravenwan (Rita) Ratano	PO BOX 2064 FORT WALTON BEACH FL 32549 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Erica Ratanothayamon	PO BOX 2064 FORT WALTON BEACH FL 32549 US	<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 April 20, 2010



Signature of a member or authorized representative of a member

AMNUAY NETHONGKOME

Typed or printed name of signee

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 10 APR 27 PM 12:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA