

L10000013716

(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:

Office Use Only



600187741036

11/18/10--01004--020 \*\*30.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2010 NOV 18 PM 3:10

J. SAULSBERRY  
EXAMINER

NOV 19 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOME ELEMENTS & DESIGN 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:

SORAYA TAMADDON

Name of Person

HOME ELEMENTS & DESIGN LLC.

Firm/Company

434 LARGOVISTA DR.

Address

OAKLAND, FL 34787

City/State and Zip Code

soritam@aol.com

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

RECEIVED  
TALLAHASSEE, FLORIDA  
NOV 18 2010

2010 NOV 18 PM 3:10

For further information concerning this matter, please call:

SORAYA TAMADDON

Name of Person

at (407) 758-1671

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

HOME ELEMENTS & DESIGN 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	TOFIGH TAMADDON	AUTOPOINT AB KALKSTENVAGEN SWEDEN	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SORAYA TAMADDON	434 Lagonista Dr. Oakland, FL 34787	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 18 PM 3:10

FILED

Dated SEPTEMBER 1<sup>st</sup>, 2010

S

Signature of a member or authorized representative of a member

SORAYA TAMADDON  
Typed or printed name of signee