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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GOLANI PRODUCE, 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:

**JODI RONEN**

Name of Person

**ACCU-TAX & ACCOUNTING SVS**

Firm/Company

**130 NE 4TH AVE**

Address

**DEERFIELD BEACH, FL 33441**

City/State and Zip Code

**GIJORO@AOL.COM**

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

For further information concerning this matter, please call:

**JODI RONEN**

Name of Person

at **954 574-0081**

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

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GOLANI PRODUCE, LLC

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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	JODI RONEN	11925 NW 11TH CT	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS	<input type="checkbox"/> Remove
		FL 33071	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

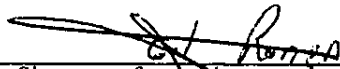
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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

Dated **FEB 4**, **2013**



Signature of a member or authorized representative of a member

**GIL RONEN MGRM**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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