

L10000038939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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T. CLINE

APR 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL CIGARETTES TRADING GROUP 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:

JIM ABDIN

Name of Person

INTERNATIONAL CIGARETTES TRADING GROUP LLC.

Firm/Company

8536 Summerville Pl.

Address

Orlando FL 32819

City/State and Zip Code

jimabdin@hotmail.com

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

For further information concerning this matter, please call:

Jim Abdin

Name of Person

at (407)

718 7270

Area Code & Daytime Telephone Number

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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

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:

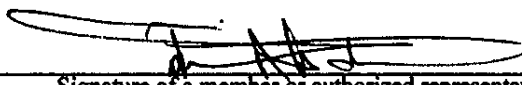
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ABDIN JIM A	8536 Summerville pl. Orlando FL 32819 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 04/20, 2010


 Signature of a member or authorized representative of a member
 JIM A ABDIN
 Typed or printed name of signee