

L100000049413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

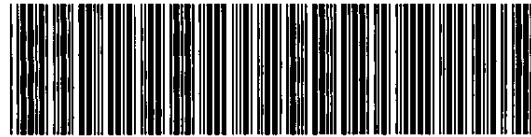
(Document Number)

Certified Copies _____ Certificates of Status _____

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A. LUNT
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAY 27 AM 10:52

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mobile Galore
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:

Shantae Hopps
Name of Person

Mobile Galore
Firm/Company

1313 E 33rd Avenue
Address

Tampa/FL 33603
City/State and Zip Code

shopps101@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Shantae Hopps at (813) 531-4476
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

Mobile Galore

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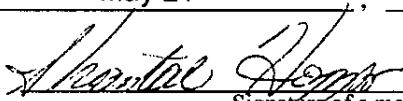
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Esperanza Doorvale	11172 Golden Silence Dr Riverview FL 33569	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Shantae Hopps	1313 E 33rd Avenue Tampa FL 33603	<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 May 21, 2010



Signature of a member or authorized representative of a member

Shantae Hopps

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA