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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 23 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Paula 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:

Haidy Lawndey
Name of Person

St. Paula LLC
Firm/Company

337 Mirasol Ln
Address

Orlando, FL 32828
City/State and Zip Code

Ramymassoud27@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haidy Lawndey at (407) 276-1572
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

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	Fady Massoud	337 mirasol ln orlando, FL 32828	<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

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

Dated 12/15/2010, _____

Fady Massoud
Signature of a member or authorized representative of a member

Fady Massoud
Typed or printed name of signee