

L10000081821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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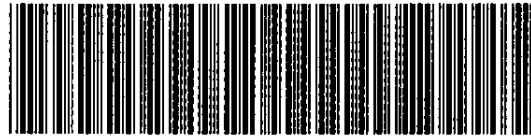
(Business Entity Name)

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TALLAHASSEE FLORIDA

T. CLINE  
JAN - 5 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CLIFF'S ALIBI, 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:

**James M. Painter, Esq.**

Name of Person

**James M. Painter, P. A.**

Firm/Company

**1300 North Federal Highway, Suite 110**

Address

**Boca Raton, Florida 33432-2848**

City/State and Zip Code

**JMPLLCP@AOL.COM**

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

For further information concerning this matter, please call:

**James M. Painter, Esq.**

Name of Person

at ( **561** )

**368-7775**

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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