

**L10000088902**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

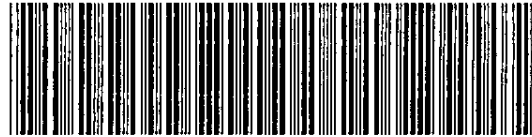
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 12 PM 2:39

N. Culligan MAY 13 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C.I.A. Centaur Investigation Agency 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:

Iana Ouchanova  
Name of Person

Firm/Company

8880 Sunrise Lakes Blvd. #205  
Address

Sunrise, FL 33322  
City/State and Zip Code

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

For further information concerning this matter, please call:

Iana D. at (904) 822-0535  
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

C.I.A. Centaur Investigation Agency LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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>
			<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.)*

*Name change only*

Dated

*5/9*

*11*

*Iana Douchanova*

Signature of a member or authorized representative of a member

*Iana Douchanova*

Typed or printed name of signee

FILED  
11 MAY 12 PM 2:39

SECRETARY OF STATE  
DIVISION OF CORPORATIONS