

L10 000097530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

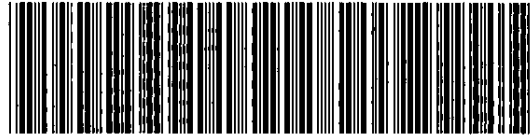
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10 OCT 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The American Dream Show 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:

Vince Noble
Name of Person

The American Dream Show
Firm/Company

3121 Whispering Drive No.
Address

Largo FL 33771
City/State and Zip Code

VNOBLE3@TampaBay.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vince Noble at (727) 776-6371
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

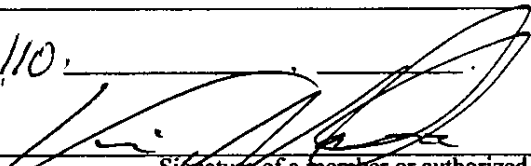
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julius Matos	12823 Valimar Road New Port Richey FL, 34654	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Pat Falone	3017 Whispering DR. No. Largo FL 33551	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGR	Beth Falone	3017 Whispering DR. No. Largo FL 33551	<input type="checkbox"/> Add <input checked="" 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 10/11/10



Signature of a member or authorized representative of a member
Vince Noble

Typed or printed name of signee