L11000028041

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Only/State/Zip/Fillulie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

T. CLINE
JUN 2 2 2011
EXAMINER

June 14, 2011

MICHELLE HICKMAN 1415 BODELL LN ORLANDO, FL 32803

SUBJECT: SUGAR POOFS LLC Ref. Number: L11000028041

We have received your document for SUGAR POOFS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 511A00014462 ST

New

COVER LETTER

TO: Registration Section Division of Corporations	
	r Poofs LLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michele Hickman	
Name of Person	
Sugar Poofs LLC Firm/Company	
. 1415 Bodell Ln Address	
Orlando, FL 32803 City/State and Zip Code	·
michelehickman1@gmail.com E-mail address: (to be used for future annual report notification	SECRETA HA
For further information concerning this matter, plea	HASSEE, FL
Michele Hickman at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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