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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 29 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KT FOOD STORE, L.L.C.
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:

AZINA KANJI

Name of Person

FINANCIAL ACCOUNTING SERVICE PLC

Firm/Company

730 W COLONIAL DR

Address

ORLANDO FL 32804

City/State and Zip Code

FINACCTSVCC@GMAIL.COM

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

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11 SEP 28 AM 10:39
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

AZINA KANJI

Name of Person

at (407)

423-2371

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

KT FOOD STORE, L.L.C.

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

Title	Name	Address	Type of Action
MGRM	JAYENDRA THAKOR	5634 MOON VALLEY DRIVE LAKELAND, FL 33812	<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 9-1-2011

X K. J. Thakor
Signature of a member or authorized representative of a member

KRISHNA THAKOR
Typed or printed name of signee

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11 SEP 20 AM 10:38
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TALLAHASSEE, FLORIDA