

L110000061084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

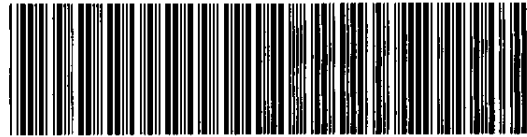
Special Instructions to Filing Officer:

A. LUNT

JUL -5 2011

EXAMINER

Office Use Only



800209463748

07/01/11--01012--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL -1 PM 3:22

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAJOR DESIGNS 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:

DERLINE PIERRE-LOUIS

Name of Person

ECONOMIC SOLUTION SERVICES INC

Firm/Company

322 NW 1ST AVE

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

ESSERVICES1@GMAIL.COM

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

2011 JUL -1 PM 10 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

DERLINE PIERRE-LOUIS

Name of Person

at ( 561 )

251-1265

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	BROWN, DELROY	21 SOUTHERN CROSS CIR BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MONPLAISIR, JOHN	9325 COVE POINT CIR BOYNTON BEACH, FL 33472	<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

2011 JUL 1 PM 0:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 24, 2011.

John Monplaisir  
Signature of a member or authorized representative of a member  
John Monplaisir  
Typed or printed name of signee