

L11000063337

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 14 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIWA 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:

Charles W Calhoun
Name of Person

LIWA
Firm/Company

345 Haverhill Road North, B6
Address

West Palm Beach, Florida 33415
City/State and Zip Code

waynecalhoun64@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles W Calhoun at (561) 629-2011
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE

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

LIWA LLC

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>
MGR	Lisbeth Rodriguez	905 Lakeview Circle Royal Palm Beach, FL 33411	☐ Add ☒ Remove
			☐ Add ☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated June 9, 2011



 Signature of a member or authorized representative of a member

Charles W Calhoun

 Typed or printed name of signee