

L11000105665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

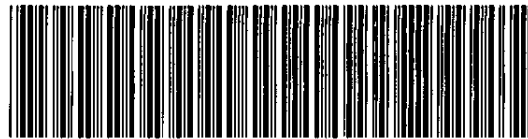
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100212644691

09/29/11--01011--019 **25.00

FILED

2011 SEP 29 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 30 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAMIR ENTERPRISE, 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:

Stephen M. Stone, Esquire

Name of Person

Law Offices of Stephen M. Stone

Firm/Company

725 N. Magnolia Avenue

Address

Orlando, Florida 32803

City/State and Zip Code

smstonelaw@cfl.rr.com

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

For further information concerning this matter, please call:

Stephen M. Stone, Esquire

Name of Person

at (407)

423-7910

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

FILED

2011 SEP 29 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

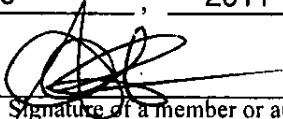
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGRM | MD GOLAM MOSTAFA | 2105 E. Orange Avenue Eustis, Florida 32726 | <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.)*

FILED
2011 SEP 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 26, 2011



Signature of a member or authorized representative of a member

Stephen M. Stone, Attorney

Typed or printed name of signee