

L12 000052523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

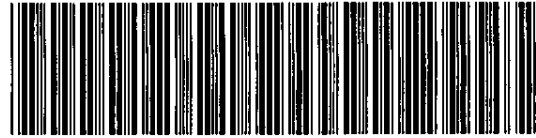
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE
APR 24 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELCIUS NIGHTCLUB, 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:

LOUIS NOTHBOM
Name of Person

CELCIUS NIGHTCLUB, LLC
Firm/Company

2213 MAIN STREET
Address

FORT MYERS, FL 33901
City/State and Zip Code

KIP44CCFL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE BASERVA at (239) 810 2394
Name of Person 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

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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	LOUIS NOTBOM	2213 MAIN STREET FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR	JOSE G. BASERVA	2577 FIRST STREET FORT MYERS FL 33901	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSE G. BASERVA	2577 FIRST STREET FORT MYERS, FL 33901	<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

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

THERE ARE ONLY TWO (2) MANAGING MEMBERS.
THERE ARE NO DIRECTORS.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APR 23 PM 1:01

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Dated APRIL 20, 2012.

Francis Pollard 151 LOUIS NOTBOM
Signature of a member or authorized representative of a member

FRANCIS POLLARD, VRA FOR LOUIS NOTBOM
Typed or printed name of signee