

L120VVU61722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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JUN 11 2012
EXAMINER



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06/08/12--01012--006 **25.00

12 JUN -8 PM 3:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN GIRL EXPERIENCES, 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:

APRIL L. BRAUN

Name of Person

Firm/Company

708 S. 12TH ST.

Address

LANTANA FL, 33462

City/State and Zip Code

APRILBRAUN1@GMAIL.COM

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

For further information concerning this matter, please call:

APRIL L. BRAUN

Name of Person

at (561) 373-9619

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

12 JUN -8 PM 3:46

12 JUN -8 PM 3:46

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	APRIL L. BRAUN	708 SOUTH 12 ST. LANTANA FL 33462	<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 6/6/12

April L. Braun

Signature of a member or authorized representative of a member

April L. Braun

Typed or printed name of signee