

L12000065880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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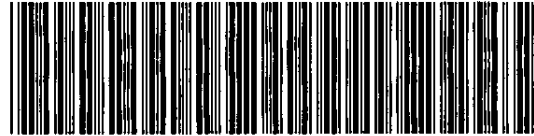
(Business Entity Name)

(Document Number)

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CLERK

B. BOSTICK

JUN - 9 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ITDEA TECHNOLOGIES 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:

KRISHNAKANTH BARRI

Name of Person

ITDEA TECHNOLOGIES LLC

Firm/Company

20110 NATURES HIKE WAY

Address

TAMPA FL 33647

City/State and Zip Code

ITDEATECH@GMAIL.COM

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

For further information concerning this matter, please call:

KRISHNAKANTH BARRI

Name of Person

813 9955083

at ()
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

ITDEA TECHNOLOGIES LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAVITHA AVANIGADDA	20110 NATURES HIKE WAY	☐ Add
		TAMPA, FL 33647	☒ Remove
MGR	RAMADEVI PALAPALA	20110 NATURES HIKE WAY	☐ Add
		TAMPA, FL 33647	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.

<u>P. Rama Devi</u>	<u>A. Kavitha</u>	<u>B. Krishna Murthy</u>
Signature of a member or authorized representative of a member		

<u>RAMADEVI PARAPALA</u>	<u>KAVITHA ANANIGADDA</u>	<u>KRISHNAKANTH BARRI</u>
Typed or printed name of signee		

FILED
MAR 10 2011
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA