

L120VV066639

(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:

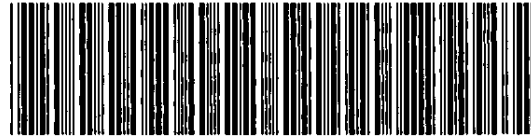
A

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JUL - 3 2012

EXAMINER



500236030585

06/11/12--01017--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 29 AM 09 22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2012

RACHEL THOMAS
PITA LOVE LLC
106 20TH AVENUE NORTH
ST. PETERSBURG, FL 33704

SUBJECT: PITA LOVE LLC
Ref. Number: L12000066639

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 29 AM 8:22

We have received your document for PITA LOVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Amendment must be signed. Please sign and return the AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 412A00016531



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pitalove LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
12 JUN 29 AM 8 22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel (Kati) Thomas
Name of Person

Pitalove LLC
Firm/Company

106 20th Ave N
Address

St. Pete, FL 33704
City/State and Zip Code

Kati - Thomas 86 @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Thomas at (404) 202 0237
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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(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

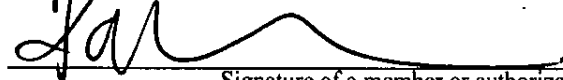
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles Thomas	3020 Bayshore Dr. Tallahassee FL 32309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rachel Thomas	106 20th Ave N Saint Petersburg FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kyle Masterson	106 20th Ave N Saint Petersburg FL 33704	<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.)

Dated

6/20/12



Signature of a member or authorized representative of a member

Rachel Thomas

Typed or printed name of signee