

L12000086097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -C 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. K. FINE PRODUCTS, 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:

PRANITHA BHASKAR
Name of Person
G K FINE PRODUCTS, LLC
Firm/Company
10386 SW AZZIA WAY
Address
PORT SAINT LUCIE, FL-34987
City/State and Zip Code
livejakai@gmail.com
E-mail address: (to be used for future annual report notification)

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1912 SEP -5 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PRANITHA BHASKAR at (772) 345-1107
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

G K FINE PRODUCTS, LLC.

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	ASHRITHA G. DHANAK	802 JUNO LN FOSTER CITY, CA 94404	<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.)

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Dated 8/27/12


Signature of a member or authorized representative of a member
PRANITHA BHASKAR
Typed or printed name of signee