

L12000107187

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP -5 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mr. T's Onnon Kaching, 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:

ERNEST W. STURGES, JR

Name of Person

GOLDMAN, TISEO & STURGES, P.A.

Firm/Company

701 JC CENTER COURT, SUITE 3

Address

PORT CHARLOTTE, FL 33954

City/State and Zip Code

ESTURGES@GTSLAWFIRM.COM

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

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TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

ERNEST W. STURGES, JR

Name of Person

at (941)

625-6666

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

MR. T'S ONNON KACHING, 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 | MR. T'S ONNON, LP | 1645 VILLAGE CENTER CIRCLE, #174 LAS VEGAS, NV 89134 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | GEORGE THOLKE | 2421 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952 | <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 |

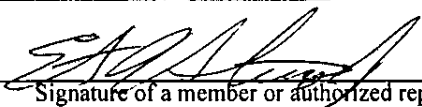
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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ALL INFORMATION
SEP 4 2012

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Dated _____



Signature of a member or authorized representative of a member

Ernest W. Sturges, Jr.

Typed or printed name of signee