

L13000041904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

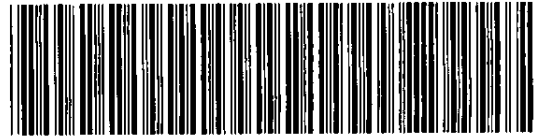
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 29 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 1 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Fruty Waffle 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:

Tania Ramirez

Name of Person

TPR Solution

Firm/Company

821 Emmett St

Address

Kissimmee, FL 34741

City/State and Zip Code

taniapramirez@yahoo.com

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

For further information concerning this matter, please call:

Tania Ramirez

Name of Person

407 483-0070

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

13 MAR 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 03/25, 2013.

Jenny Caso

Signature of a member or authorized representative of a member

Jenny Caso

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00