

L13 000 095735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

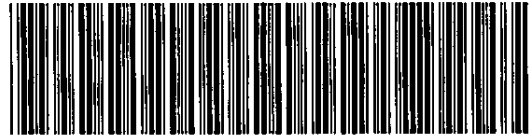
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Skill Focus Burlesque, 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:

**Jacqueline A. Giralt**

Name of Person

**Skill Focus Burlesque, LLC**

Firm/Company

**7527 Bear Claw Run**

Address

**Orlando, FL 32825**

City/State and Zip Code

**rositasfb@gmail.com**

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

For further information concerning this matter, please call:

**Jacqueline A. Giralt**

Name of Person

at ( ) **407 923-5389**

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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TALLAHASSEE, FLORIDA

## Skill Focus Burlesque, LLC

Page 1 of 3

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

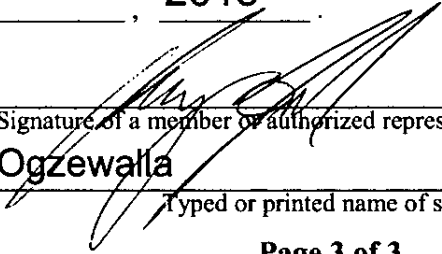
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Channing S. Ogzewalla	6676 Tanglewood Bay Dr	<input type="checkbox"/> Add
		Apt 707	<input checked="" type="checkbox"/> Remove
		Orlando, Fl 32821	
MGR	Jacqueline A. Giralt	7527 Bear Claw Run	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32825	<input type="checkbox"/> Remove
MGR	Lora Gail Massey	1621 Illinois St	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32803	<input type="checkbox"/> Remove
MGR	Tara Elizabeth Corless - Rewis	1321 Arbor Vista Loop	<input checked="" type="checkbox"/> Add
		Lake Mary, Fl 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 26, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Channing S. Ogzewalla

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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