

L13000145920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 12 2014

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Homosassa CK 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:

**Pavan Pediredla**

Name of Person

**Homosassa CK LLC**

Firm/Company

**9907 Tree Tops Lake Road**

Address

**Tampa FL 33626**

City/State and Zip Code

**apsoilfl@gmail.com**

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

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For further information concerning this matter, please call:

**Pavan Pediredla**

Name of Person

at **813 504-0002**

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

Homosassa Ck LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Pavan Pedirredla	9907 Tree Tops Lake Road	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input type="checkbox"/> Remove
MGRM	Srinivas Maddali	1 Cather Court	<input type="checkbox"/> Add
		Ledgewood NJ 07852	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY  
TALAMASST, INC.

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

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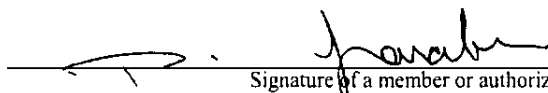
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/03, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Pavan Pediredla**  
\_\_\_\_\_  
Typed or printed name of signee

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