

L13000158330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

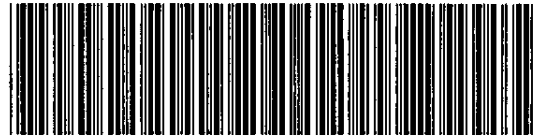
(Business Entity Name)

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TALLAHASSEE FLORIDA

JAN 09 2014
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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Ellava, 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:

Steven H. Kane, Esquire

Name of Person

Kane and Koltun, Attorneys at Law

Firm/Company

557 N. Wymore Road, Suite 100

Address

Maitland, FL 32751

City/State and Zip Code

dosborne@kaneandkoltun.com

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

For further information concerning this matter, please call:

Day Osborne-Chapman

Name of Person

at (**407**) **661-1177**

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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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 3, 2014

Katherine K. Palcsek
Signature of a member or authorized representative of a member
Katherine K. Palcsek
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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