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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 07 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAYDREAM PIZZA 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:

Keith E. Shanks

Name of Person

DAYDREAM PIZZA LLC

Firm/Company

1810 Briarcliff Rd.

Address

Winter Park, FL 32792

City/State and Zip Code

daydreampizza@gmail.com

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

For further information concerning this matter, please call:

Keith E. Shanks

Name of Person

at **407 921-7337**

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 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>
MGR	Keith E. Shanks	1810 Briarcliff Rd	<input type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" type="checkbox"/> Remove
AMBR	Keith E. Shanks	1810 Briarcliff Rd	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32792	<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.)*

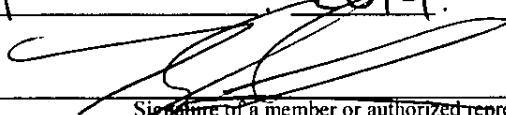
E. Effective date, if other than the date of filing: _____ **(optional)**

(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

3/24

2014



Signature of a member or authorized representative of a member

KEITH SHANKS

Typed or printed name of signee

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Filing Fee: \$25.00

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