

L16 0000 70292

(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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TALLAHASSEE, FLORIDA

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AUG 12 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

JULIA KIM
MOMENTUM TAX ACCOUNTING & CONSULTING LLC
6996 PIAZZA GRANDE AVE, SUITE 202
ORLANDO, FL 32835

SUBJECT: MOMENTUM TAX ACCOUNTING & CONSULTING LLC
Ref. Number: L16000070292

We have received your document for MOMENTUM TAX ACCOUNTING & CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00015975

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Momentum Tax Accounting & Consulting 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:

Julia Kim

Name of Person

Momentum Tax Accounting & Consulting LLC

Firm/Company

6996 Piazza Grande Ave Ste 202

Address

Orlando FL32835

City/State and Zip Code

julia.mai@momentumtac.com

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

For further information concerning this matter, please call:

Julia Kim

407

440-3379

at ()

Name of Person

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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
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_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: August 5, 2016

Signature of a member or authorized representative of a member: [Handwritten Signature]
Typed or printed name of signee: JULIA KIM

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FLORIDA
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