

L17 000253238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

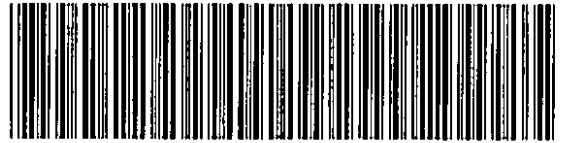
(Business Entity Name)

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20 JAN -6 AM 8:25
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

FEB 03 2007
C. H. ...

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alumni Direct LLC

Name of Limited Liability Company

20 JAN -6 AM 8:25

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob Finklestein

Name of Person

Alumni Direct LLC

Firm/Company

5550 Glades Rd/ suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

rob@myalumnidirect.com

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

For further information concerning this matter, please call:

Rob Finklestein

954

599-5885

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

