## M05000003285

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
.Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	•
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Office Use Only



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SECRETARY OF STATE
AND ANASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:Enhanced Services Internationa	1, LLC	
Name of Foreign Limited Liability Company		
Dear Sir or Madam:		
The enclosed Affidavit by Foreign Limited Liability Comp Managing Member(s) and fee(s) are submitted for filing.	any to Change Manager(s) or	
Please return all correspondence concerning this matter to the following:		
James W. Freeman, Jr., CPA		
Name of Person		
Smith & Freeman, P.A.	· A	
Firm/Company		
28100 U.S. Hwy 19 N., Suite 408 Address	<u>-</u>	
Clearwater, FL 33761 City/State and Zip Code	<u></u>	
·		
E-mail address: (to be used for future annual report no	ntification)	
B-mail address. (to be used for future aimail report notification)		
For further information concerning this matter, please call:		
James W. Freeman at ( 727 ) 725-2	.727	
Name of Person Area Code and I	Daytime Telephone Number	
Registration Section Registr Division of Corporations Divisio Clifton Building P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327	
Tallahassee, Florida 32301	ssee, Florida 32314	
Enclosed is a check for the following amount:  \$\sum_\$25 \text{Filing Fee}\$  \$\sum_\$30 \text{Filing Fee & \$\sum_\$55.00 \text{Filing}\$}\$	Fee & \$\int\\$60 Filing Fee,	
Certificate of Status Certified Copy check already on file	Certificate of Status & Certified Copy	

CR2E123(8/07)



June 26, 2009

JAMES FREEMAN, CPA SMITH & FREEMAN, P.A. 28100 U.S. HWY 19 N., SUITE 408 CLEARWATER, FL 33761

SUBJECT: ENHANCED SERVICES INTERNATIONAL, L.L.C.

Ref. Number: M05000003285

We have received your document for ENHANCED SERVICES INTERNATIONAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Letter Number: 709A00021932

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED 09 JUL 20 PM 4: 05

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANYECRETARY OF STATE TO CHANGE MANAGER(S) OR MANAGING MEMBER FALL AHASSEE FLORIDA

The name of the limited liability company     Department of State is: Enhanced	
2. This entity was formed under the laws of:	Delaware
3. This entity was authorized to transact busi and its Florida document/registration number	
4. The name and address of each manager or	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM .	Luk Vongprachanh 708 E. Tarpon Ave., #5 Tarpon Springs, FL 34689
MGR / CEO	Ver Plantilla 708 E. Tarpon Ave., #5
MGR / Pres	Tarpon Springs, FL 34689 William Tuomey
	708 E. Tarpon Ave., #5 Tarpon Springs, FL 34689
	· · · · · · · · · · · · · · · · · · ·
Required Signature:  Signature of Manager, Manag	Managing Member or Member

Filing Fee: \$25