## M08000001074

(Requestor's Name)
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(City/State/Zip/Phone #)
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**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT: Concierge Pack & Ship L (Name of Foreign Lim	LC ited Liability Company)
Dear Sir or Madam:	
The enclosed Affidavit by Foreign Limited Lia Managing Member(s) and fee(s) are submitted	
Please return all correspondence concerning th	is matter to the following:
Gil T. Leon, Esq.	ZEGRETARY OF STATE SECRETARY OF STATE TARELAHASSEE, FLURID
(Name of Person)	全
Concierge Pack & Ship LLC	
(Firm/Company)	EQ. P
28380 Old 41 Road, Unit 6B	
(Address)	
Bonita Springs, Florida 34135	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Gil T. Leon, Esq. at ( 630	) <sub>)</sub> 487-0909
	ea Code and Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status C	\$55.00 Filing Fee & Sertified Copy Certified Copy Certified Copy

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: Concierge Pack & S	y as it appears on the records of the Ship LLC	Florida 	
2. This entity was formed under the laws of	f: Delaware	·	
3. This entity was authorized to transact but and its Florida document/registration number	siness in Florida on <u>March 5, 2008</u> er is <u>M08000001074</u>	<u>.</u>	
4. The name and address of each manager or managing member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Kandela, LLC	7 C	
	2180 Immokalee Road, Suite 304	TE E	
	Naples, Florida 34110	E JARY	
		PH 12: 3	
1	7		
Required Signature: (Signature of Manager,	Managing Member or Member)		

Filing Fee: \$25