

L150001100470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000280632380

01/25/16--01026--016 **25.00

FILED
2016 JAN 25 A 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
11:11 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F.A. CAPITAL 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:

ORI ASHKENAZI

Name of Person

F.A. CAPITAL LLC

Firm/Company

1016 THOMAS DR #297

Address

PANAMA CITY BEACH

City/State and Zip Code

ORIASHKE@GMAIL.COM

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

For further information concerning this matter, please call:

ORI ASHKENAZI

Name of Person

at (_____) _____

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

FILED
2018 JAN 25 A 10:57
TALLAHASSEE, FL
SECRETARY OF
CORPORATIONS

If amending 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>
AMBR	GERALD SEYMOUR	1016 THOMAS DR APT 297	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 3241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 JAN 25 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF
TALLAHASSEE,
2016 JAN 25 A

FILED
2016 JAN 25 AM 10:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(optional)

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.

Dated JANUARY 4TH 2016

Signature of a member or authorized representative of a member

DIRI ASHKEVAZI

Typed or printed name of signee