# A0500000427

(Requestor's Name)							
(Ac	(Address)						
(Ad	(Address)						
(Ci	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	usiness Entity Nar	me)					
(Do	ocument Number)						
Certified Copies	_ Certificate:	s of Status					
Special Instructions to	Filing Officer:						
,							

Office Use Only



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FILED

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SECRETARY OF STATE
SECRETARY OF STATE

N. 0000 JUL - 8 2009

# COVER LETTER

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TO:	Registration S Division of C					
SUBJI		YER FAMILY LIM me of Florida Limited Par				
The en	closed Certific	cate of Amendment a	nd fee(s) a	ire sub	omitted f	for filing.
Please	return all corr	espondence concernir	ng this ma	tter to	:	
FRANK	IANNUZZI					
		(Contact Person)				
IANNUZ	ZZI, MANETTA	& COMPANY, P.C.				
	,	(Firm/Company)				
1175 \	LLONGLAKE	ROAD SUITE #201				
1175 4	. LONG LAKE	(Address)				
		(,				
TROY,	MI 48098					
	(0	City, State and Zip Code)				
For fur	ther informati	on concerning this ma	atter, pleas	se call	:	
FRANK	IANNUZZI		at ( 2	48	) 641-	0005
	(Name of Conta	nct Person)	_ `		_/	ytime Telephone Number)
Enclose	ed is a check f	or the following amo	unt:			
<b>☑</b> \$52.5	50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105. and Cert			\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRE	ET ADDRES	S:		MAII	LING A	DDRESS:
	ation Section				tration S	
Divisio	on of Corporat	ions		_		orporations
	Building			P.O.	Box 632	27
	xecutive Cent			Tallal	nassee, F	FL 32314
i ailaha	issee, FL 323	V I				



May 20, 2009

FRANK IANNUZZI IANNUZZI, MANETTA & COMPANY, P.C. 1175 W. LONG LAKE ROAD SUITE #201 TROY, MI 48098

SUBJECT: BRAVER FAMILY LIMITED PARTNERSHIP

Ref. Number: A05000000427

We have received your document for BRAVER FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 809A00017150

# CERTIFICATE OF LIMITED PARTNERSHIP OF IALLAHASSEE FLORIDA

## BRAVER FAMILY LIMITED PARTNERSHIP

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620. limited liability limited partnership, whos 02/25/2005 , assig	e certificate v	was filed with t	he Florida Department of State on		
adopts the following certificate of amenda					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name</u> <u>here</u> :	of the limited	d partnership o	limited liability limited partnership		
(New name must be dis	stinguishable a	nd contain an ac	ceptable suffix.)		
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership					
B. If amending mailing address and/or principal office address here:	principal of	ffice address, <u>e</u>	nter new mailing address and/or		
New Principal Office Addre	ess: <u>117</u>	5 W. LONG LAK	E ROAD.		
(Must be STREET address)	· · · · · · · · · · · · · · · · · · ·	SUITE 201			
	TRO	OY, MI 48098			
New Mailing Address:	1175	5 W. LONG LAKI	E ROAD		
(May be post office box)		TE 201			
	TRC	OY. MI 48098			
C. If amending the registered agent and/o new registered agent and/or the new registe			our records, enter the name of the		
Name of New Registered Agent:	NRAI SERV	ICES, INC.			
New Registered Office Address:	2731 EXECU	UTIVE PARK DF	IIVE #4		
			la street address)		
	WESTON		, Florida 33331		
		City)	(Zip Code)		

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services. Inc. By: Amy Porty 5/11/9 (If Changing Registered Agent, Signature of New Registered Agent) Amy Purdy, Assistant Secretary D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records: Type of Action Title Name <u>Address</u> 675 LAKEWOOD CIRCLE W. DELRAY BEACH FL 33445 ☑ Remove 675 LAKEWOOD CIRCLE W. □ Add **FAY BRAVER** DELRAY BEACH FL 33445 deceased ☑ Remove JOSEPH BRAVER FAMILY TRUSS Add X TRUSTEE FRANK IANNUZZI 1175 W. LONG LAKE #201 ☐ Remove TROY MI 48098 FAY BRAVER TRUST TRUSTEE FRANK JANNUZZI ☑ Add 1175 W. LONG LAKE #201 ☐ Remove TROY MI 48098 ☐ Add ☐ Remove □ Add ☐ Remove E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here: This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership." This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status. (NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(If Changing Registered Agent, Signature of New Registered Agent)

D.	If amending	the general	partner(s),	enter the	name	and	business	address	of each	general	partner	being
<u>ade</u>	ded or remove	d from our i	records:									-

<u>Title</u>	<u>Name</u>	Address	Type of Action
	JOSEPH BRAVER	675 LAKEWOOD CIRCLE W DELRAY BEACH FL 33445	- La Auu
<del></del>	FAY BRAVER	675 LAKEWOOD CIRCLE W DELRAY BEACH FL 33445	Add  Remove
TRUSTEE	FRANK IANNUZZI	JOSEPH BRAVER FAMILY 1175 W. LONG LAKE #20 TROY MI 48098	
TRUSTEE	FRANK IANNUZZI	FAY BRAVER TRUST 1175 W. LONG LAKE #20 TROY MI 48098	☑ Add ☐ Remove
			Add Remove
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

2	This Limited Partnershi	p hereb	v elects to be a	"Limited Liability	Limited Partnership."
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
<del></del>	
ffective date, if other than the date of filing:	
ffective date cannot be prior to nor more than 90 days after the da	te this document is filed by the Florida Department of
tate.)	
:===tu==(s)	
ignature(s) of a general partner or all general partne	<del></del>
NOTE: Only one current general partner is required to sign this demoving a "limited liability limited partnership" election statement, then adding or removing a "limited liability limited partnership" elections.	Chapter 620, F.S., requires all general partners to sign
frank Janny	SEC TALL
Frank Iannuzzi, TRUSTEG	ARET
<del></del>	SSET
	DRIE 6
ignature(s) of all new or dissociating general partner	(s), if any:
trunk dammy Personal R	lep for JUSEIH BRAVE
truck duming Personal A	Phon JUSEPH BRAVER
The control of the co	1 por 1117 TOTOMOCK
iling Fee: \$52.50 ertified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	