

AD5000000427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

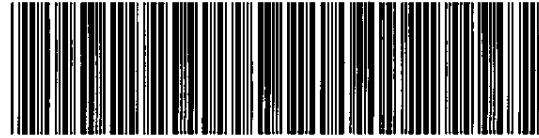
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200155807622

05/19/09--01031--015 \*\*52.50

FILED  
09 JUL - 8 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O'Brien JUL - 8 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRAVER FAMILY LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

FRANK IANNUZZI

(Contact Person)

IANNUZZI, MANETTA & COMPANY, P.C.

(Firm/Company)

1175 W. LONG LAKE ROAD SUITE #201

(Address)

TROY, MI 48098

(City, State and Zip Code)

For further information concerning this matter, please call:

FRANK IANNUZZI

(Name of Contact Person)

at ( 248 ) 641-0005

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

FILED  
09 JUL -8 PM 2:16  
SHIP  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**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 Purdy 5/16/09  
(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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	<u>JOSEPH BRAVER</u> deceased 11/9/05	<u>675 LAKEWOOD CIRCLE W.</u> <u>DELRAY BEACH FL 33445</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	<u>FAY BRAVER</u> deceased 3/31/09	<u>675 LAKEWOOD CIRCLE W.</u> <u>DELRAY BEACH FL 33445</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TRUSTEE</u>	<u>FRANK IANNUZZI</u>	<u>JOSEPH BRAVER FAMILY TRUST</u> <u>1175 W. LONG LAKE #201</u> <u>TROY MI 48098</u>	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove
<u>TRUSTEE</u>	<u>FRANK IANNUZZI</u>	<u>FAY BRAVER TRUST</u> <u>1175 W. LONG LAKE #201</u> <u>TROY MI 48098</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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 added or removed from our records:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	JOSEPH BRAVER	675 LAKEWOOD CIRCLE W. DELRAY BEACH FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	FAY BRAVER	675 LAKEWOOD CIRCLE W. DELRAY BEACH FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TRUSTEE	FRANK IANNUZZI	JOSEPH BRAVER FAMILY TRUST 1175 W. LONG LAKE #201 TROY MI 48098	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove
TRUSTEE	FRANK IANNUZZI	FAY BRAVER TRUST 1175 W. LONG LAKE #201 TROY MI 48098	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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.***)**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

x Frank Iannuzzi

Frank Iannuzzi, TRUSTEE

FILED  
09 JUL -8 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Signature(s) of all new or dissociating general partner(s), if any:**

Frank Iannuzzi: Personal Rep for JOSEPH BRAVER  
Frank Iannuzzi: Personal Rep for FAY BRAVER

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75