

LD2000031574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

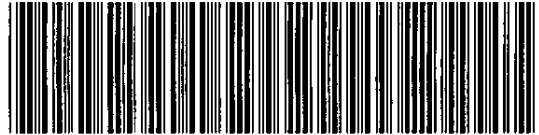
Special Instructions to Filing Officer:

L. SELLERS

JUN - 4 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FINMAX 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:

MARIA PIASENTE

Name of Person

FINMAX LLC

Firm/Company

5410 RED CYPRESS LANE

Address

TAMARAC FL 33319

City/State and Zip Code

TPG@ATT.NET

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

For further information concerning this matter, please call:

MARIA PIASENTE

Name of Person

at (954) 309-7682

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

FINMAX LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA PIASENTE	5410 RED CYPRESS LANE TAMARAC FL 33319	☒ Add ☐ Remove
MGRM	Massimo Piasente Foligno	5405 WHITE OAK LANE TAMARAC FL 33319	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated JUNE 1, 2009



Signature of a member or authorized representative of a member

MARIA PIASENTE

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA