

LD4000017325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

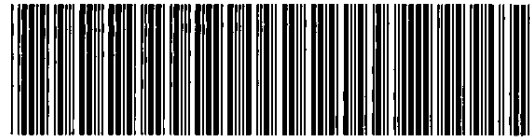
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG. 25 2010

EXAMINER



800184520058

08/23/10--01018--024 **25.00

FILED
10 AUG 23 PM 4:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

Tower King Apartments, LLC
14500 NE 6th Ave, Office B
North Miami, FL 33161
Tel. (305) 945-6667
Fax. (305) 945-6668

**Tower King
Apartments, LLC**

Memo

To: Florida Department of State

From: Tower King Apartments, LLC

Fax:

Pages: 6 including cover and check

Tel: (850) 245-6051

Date: 8/20/10

RE:

CC:

Enclosed please find the daytime telephone number on top.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOWER KING APARTMENTS, L.L.C.
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:

ELI COHEN

Name of Person

Tower King Apartments, LLC

Firm/Company

13315 NE 6 Ave, Office

Address

North Miami, Florida 33161

City/State and Zip Code

elico@bellsouth.net

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

For further information concerning this matter, please call:

ELI COHEN

Name of Person

at (**305**)

945-6667

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

TOWER KING APARTMENTS, L.L.C.

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:

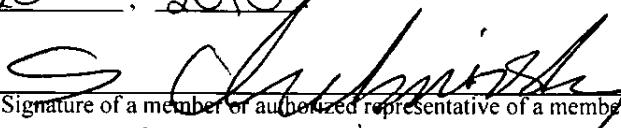
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Shlomo Chelminsky	13315 NE 6 Ave, Office North Miami, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	King City Management, INC	1001 North Miami Beach Blvd North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 20, 2010



 Signature of a member or authorized representative of a member
Shlomo Chelminsky

 Typed or printed name of signee