L04000034294

| (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: | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 21, 2004

MARIE-LOUISE KOSTIS P.O. BOX 280051 TAMPA, FL 33682

SUBJECT: MARAPROP, LLC Ref. Number: L04000034294

We have received your document for MARAPROP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

The address of the managers must be listed.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 004A00055492



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 2, 2004

MARAPROP, LLC P.O. BOX 280051 TAMPA, FL 33682

SUBJECT: MARAPROP, LLC Ref. Number: L04000034294

We have received your document for MARAPROP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The operating agreement is not filed with our office.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00053283

September 15, 2004

Ms. Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: MaraProp, LLC Ref. No.: L04000034294

Dear Ms. Cline:

Attached is a copy of your letter dated September 2, 2004, indicating that the Operating Agreement for MaraProp, LLC has not been filed with the Florida Department of State, and that we need to submit to you the attached transmittal letter and Articles of Amendment to the Articles of Organization of MaraProp, LLC that you sent to us for proper filing.

I have also attached a copy of the Minutes of the Board of Directors Meeting for MaraProp, LLC dated May 6, 2004, indicating the management changes that took effect on that date.

If any additional information or revisions are required, please call me at your convenience at (813) 855-7671.

Please send all correspondence to my attention at the following address:

Marie-Louise Kostis MaraProp, LLC Post Office Box 280051 Tampa, FL 33682

Thank you in advance for your attention to these matters.

Regards

Varie-Louise Kostis

Attachments

TRANSMITTAL LETTER

| TO: Registration Division of | s Section Corporations | | |
|------------------------------|--|--------------|------|
| SUBJECT: | MaraProp, LLC | | |
| | (Name of Limited Liability Company) | - | |
| The enclosed Article | s of Amendment and fee(s) are submitted for filing. | | |
| Please return all corre | espondence concerning this matter to the following: | | |
| | David Bekhor | | |
| | (Name of Person) | | |
| | MaraProp, LLC (Firm/Company) | , | |
| _ | 13336 North Central Avenue (Address) | | |
| | Tampa, FL 33612 | | |
| • | (City/State and Zip Code) | _ | |
| For further information | on concerning this matter, please call: | ASS.P | |
| | David Bekhor at (813) 855-7671 | <u> </u> | 1111 |
| | (Name of Person) (Area Code & Daytime Telephone Number) | P 30 77 1:46 | Ċ |
| Enclosed is a check for | the following amount: | <u></u> | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |

STREET ADDRESS:

· TO:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

FILEU

MaraProp, LLC 13336 North Central Avenue Tampa, FL 33612 September 27, 2004

Ms. Tammi Cline Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: MaraProp, LLC Ref. No.: L04000034294

Dear Ms. Cline:

Per our telephone discussion of today, I have crossed out the effective date of May 6, 2004, on the Articles of Amendment to the Articles of Organization, which is attached for your files. Listed below is the address of the Managers, per your request of your letter of September 21, 2004, which is also attached:

13336 North Central Avenue Tampa, FL 33612

I have also typed the Managers' address to the Articles of Amendment.

Should you have any more questions or concerns, please call me at (813) 855-7671

Regards,

Marie-Louise Kostis

Attachments

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | MaraProp, LLC | | | |
|--------|--|------------------|---------------------|--|
| | (Present Name) (A Florida Limited Liability Company) | | | |
| FIRST: | The Aticles of Organization were filed on May 5, 2004 and assigned | | | |
| race. | document number L04000034294 | | | |
| SECON | D: The following amendment(s) to the Articles of Organization was/were adopted b liability company: | y the lin | nited | |
| | Manager Sandra K. Scott nominated David Bekhor and Douglas Na as Managers and David Bekhor and Dougl Nanni were unanimously appointed as Managers. Sandra K. Scot immediately resigned her position as Manager. Sandra K. Scot resignation was accepted by David Bekhor and Douglas Nanni. | as t then | | |
| | The Managers' address is: | TAK: | <u>~</u> | |
| | MaraProp, LLC 13336 North Central Avenue Tampa, FL 33612 | LAHASSEE, FLORID | 94 : 1 14 US 453 43 | |
| Dated | September 15 , 2004 , | `A | الي | |
| | Signature of a Member or Authorized Representative of a Member David Bekhor | | | |
| | Typed or Printed Name of Signee | | | |

Filing Fee: \$25.00