

L04000039286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

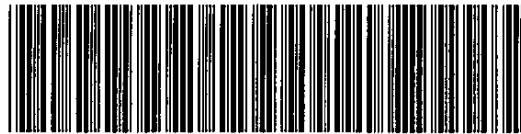
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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J. BRYAN

JAN - 3 2008

EXAMINER

*Law Offices*  
*Karp & Langerman, P.C.*  
*Milford Place Corporate Center*  
*185 Plains Road*  
*Milford, Connecticut 06461*

JOEL C. KARP  
jkarp@karp-langerman.com  
LAWRENCE LANGERMAN  
llangerman@karp-langerman.com

MILFORD (203) 876-0606  
WESTPORT (203) 866-5892  
FAX (203) 876-0768

December 27, 2007

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

Re: LTB Associates LLC

Gentlemen:

Enclosed are the following with regard to the above-referenced entity:

1. Limited Liability Company Reinstatement Form;
2. Articles of Amendment to the Articles of Organization (name change, new registered agent, amend the Managers/Managing Members);
3. A check made payable to the Department of State in the amount of \$175.00 representing the required fees as follows:

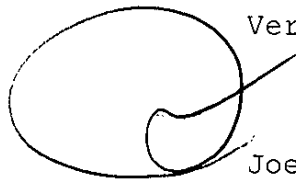
\$100 reinstatement fee,  
\$ 50 annual report fee,  
\$ 25 filing fee to Amend Articles of Organization

\$175 Total Fees

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Please reinstate the LLC, file the Amendment and send an acknowledgement of the filing to this office at your earliest convenience.

Thank you for your attention to this matter. Please call me with any questions.

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a cursive 'C' and 'Karp'.

Very truly yours,

Joel C. Karp

JCK/bks

Cc: Janice Sussman

Encls.

sussman-s\janice\ltr\FL-filing-ArtOfOrgAmend-07-1227

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LTB Associates 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:

Joel C. Karp, Esq.

(Name of Person)

Karp & Langerman, P.C.

(Firm/Company)

185 Plains Road, Ste 209E

(Address)

Milford, CT 06461

(City/State and Zip Code)

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For further information concerning this matter, please call:

Joel C. Karp

(Name of Person)

at ( 203 ) 876-0606

(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LTB Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/24/2004 and assigned  
Florida document number L04000039286.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Janice Sussman Associates LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

<u>Name of New Registered Agent:</u>	<u>Janice Sussman</u>
<u>New Registered Office Address:</u>	<u>20320 Fairway Oaks Road</u> (Enter Florida street address)
	<u>Boca Raton</u> , <u>Florida</u> <u>33428</u> (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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

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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	Karin Gauci	20320 Fairway Oaks Road Boca Raton, Florida 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Stanley Sussman	20320 Fairway Oaks Road Boca Raton, Florida 33428	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated December 20, 2007.

Janice Sussman, Member  
Signature of a member or authorized representative of a member  
Janice Sussman, Member  
Typed or printed name of signee