

L040000091961

(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



100240957381

10/22/12--01005--019 **25.00

FILED
2012 OCT 22 AM 8:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER
OCT 23 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABLE, 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:

ANTON SVADBIK
Name of Person

ABLE, L.L.C.
Firm/Company

14540 SW 74 ST
Address

MIAMI, FL 33183
City/State and Zip Code

svadbik1@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 22 AM 8:15

FILED

For further information concerning this matter, please call:

ANTON SVADBIK at (305) 986-4117
Name of Person 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

ABLE, L.L.C.

Page 1 of 2

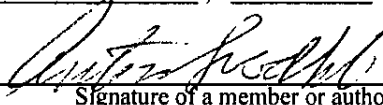
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN SVADBIK	27550 SW 222 AVE HOMESTEAD, FL 33031	☒ Add ☐ Remove
			☐ 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 OCTOBER 16, 2012



Signature of a member or authorized representative of a member

ANTON SVADBIK

Typed or printed name of signee

FILED
2012 OCT 22 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA