

LD5000108239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

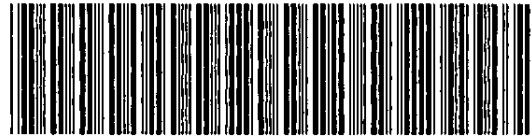
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 16 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Canal Co., 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:

Peter M. Brooke, Esq.

Name of Person

Krinzman, Huss & Lubetsky, LLP

Firm/Company

800 Brickell Avenue, Suite 1501

Address

Miami, Florida 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

Peter M. Brooke, Esq

Name of Person

305 854-9700

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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Central Canal Co., LLC

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"LLC" or the abbreviation

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

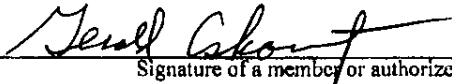
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gerald Askowitz	12039 SW 117th Court	<input checked="" type="checkbox"/> Add
		Miami, Florida 33186	<input type="checkbox"/> Remove
MGRM	Gerald Askowitz		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Anthony Askowitz		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 13, 2013



Signature of a member or authorized representative of a member

Gerald Askowitz

Typed or printed name of signee

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Filing Fee: \$25.00

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