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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JUL -1 —

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BOCA BOB'S AIRPORT TRANSPORTATION 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:

MICHAEL TEVLIN

Name of Person

FORTE MT CO., INC.

Firm/Company

2209 BATH AVE

Address

BROOKLYN, NY 11214

City/State and Zip Code

fortemt@gmail.com

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

For further information concerning this matter, please call:

Michael Tevlin

718 266-8311  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LARISA GERSHKOVICH	3000 OCEAN PARKWAY, 20-O	<input type="checkbox"/> Add
		BROOKLYN, NY 11235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LARISA KANEVSKAYA	42 AVENUE I	<input checked="" type="checkbox"/> Add
		FARMINGDALE, NY 11735	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INNA OBOLESHEVA	1215 PARK AVENUE	<input checked="" type="checkbox"/> Add
		HOBOKEN, NJ 07733	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JUNE 28TH 2016

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

FELIX REIZBERG

Typed or printed name of signee