

LO60000047460

Paul Ronca

(Requestor's Name)

7850 NW 146th St.

(Address)

#513

(Address)

Miami Lakes FL 33016

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO6-47460

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 22 2009

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FAB SERVICES, 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:

PAUL RONCA

Name of Person

FAB SERVICES LLC

Firm/Company

7850 NW 146th ST. #513

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

PRONCATAX @ AOL.COM

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

For further information concerning this matter, please call:

PAUL RONCA

Name of Person

at (351) 824-0078

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)

**MAILED  
PREVIOUSLY - See ATTACHED LETTER**

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2009

PAUL RONCA  
7850 NW 146TH STREET #513  
MIAMI LAKES, FL 33016

SUBJECT: FAB SERVICES, LLC  
Ref. Number: L06000047460

We have received your document for FAB SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am enclosing an Amendement form.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 209A00029493

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

09 SEP 22 AM 8:20

**FAB SERVICES, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 05/08/2006 and assigned  
Florida document number L 06 0000 47460

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

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	FRANK BRUNO	17125 N. Bay Rd. #3510 Sunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TERESA HOLUK	17125 No. Bay Rd. #3510 Sunny Isles, FL 33160	<input checked="" 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
			<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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09 SEP 22 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 9-19-2009

Signature of a member or authorized representative of a member

PAUL RONCA

Typed or printed name of signee