

L06000059276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

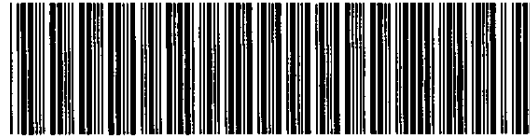
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SECRETARY OF STATE
TALLAHASSEE, FL 32391

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **D&G ENTERPRISES 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:

ILAN ASIIAG

Name of Person

ROYAL BEACH ENTERPRISES INC.

Firm/Company

5600 OAKVIEW TERR

Address

HOLLYWOOD FL, 33312

City/State and Zip Code

asiiag.ilan@gmail.com

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

For further information concerning this matter, please call:

ILAN ASIIAG

Name of Person

at **(786) 547-4707**

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

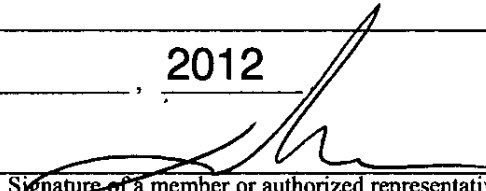
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ASIIAG, ILAN	5600 OAKVIEW TERR	☐ Add
		HOLLYWOOD FL, 33312	☒ Remove
MGRM	ASIIAG, ALIZZA	5600 OAKVIEW TERR	☐ Add
		HOLLYWOOD FL, 33312	☒ Remove
MGRM	ROYAL BEACH ENTERPRISES INC.	5600 OAKVIEW TERR	☒ Add
		HOLLYWOOD FL, 33312	☐ Remove
MGRM	MICHAEL Y. SASONI	5600 OAKVIEW TERR.	☒ Add
		HOLLYWOOD FL, 33312	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 11/10, 2012


Signature of a member or authorized representative of a member

ILAN ASIIAG

Typed or printed name of signee

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Filing Fee: \$25.00