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SECRETARY OF STATE
DIVISION OF CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L&LBI2, 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:

Louis Berlin

Name of Person

L&LBI2, LLC

Firm/Company

19651 NE 19 Place

Address

Miami, FL 33179

City/State and Zip Code

Louis@BerlinConsultingGroup.com

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

For further information concerning this matter, please call:

Louis Berlin

Name of Person

at (**305**)

778-7971

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

L&LB12, LLC

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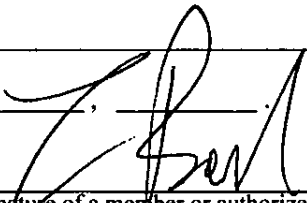
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shalev, Louis	2001 NE 195 Dr. Miami, FL 33179	☐ Add ☒ Remove
MGRM	Shalev, Lior	2001 NE 195 Dr. Miami, FL 33179	☒ 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 _____


Signature of a member or authorized representative of a member

Louis Berlin

Typed or printed name of signee

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Filing Fee: \$25.00