

LD9000049727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

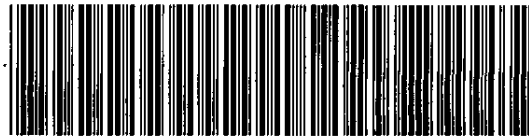
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SEP 19 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALBERTO & SON'S 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:

**ALBERTO SAPIR**

Name of Person

Firm/Company

**11224 NW 5TH ST**

Address

**CORAL SPRINGS FL 33071**

City/State and Zip Code

**ASAPIR@MYACC.NET**

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

For further information concerning this matter, please call:

**ALBERTO SAPIR**

Name of Person

at ( **954** )

**975-5977**

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

ALBERTO & SON'S, LLC

Page 1 of 2

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         | TOMER CHOCHAN | 5021 WILES RD          | <input checked="" type="checkbox"/> Add |
|              |               | COCONUT CREEK FL 33073 | <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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 14, 2011



Signature of a member or authorized representative of a member

ALBERTO SAPIR

Typed or printed name of signee