

L09000071386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

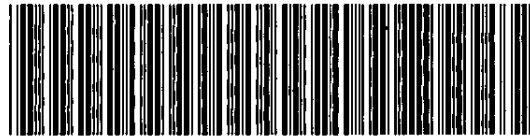
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2012 JAN 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2012

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **FAB FLORIDA, 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:

Golan Feldman

Name of Person

Firm/Company

1640 Town Center Circle #210

Address

Weston, FL, 33326

City/State and Zip Code

Golanfeldman@gmail.com

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

For further information concerning this matter, please call:

Golan feldman

Name of Person

at (**954**)

881-1818

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FAB FLORIDA, 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>
MGMR	FELDMAN, JENNIFER	1640 TOWN CENTER CIR #210 WESTON FL 33326 US	<input type="checkbox"/> Add <input checked="" 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
			<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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2012 JAN 19 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member

Golan Feldman

Typed or printed name of signee