

L10000025405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

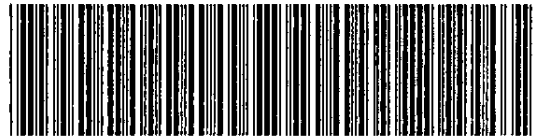
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAY - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATSDARM 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:

Yelena Zubkova

Name of Person

Firm/Company

501 Three Island Blvd, Apt 312

Address

Hallandale FL 33009

City/State and Zip Code

platsdarm1@gmail.com

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

For further information concerning this matter, please call:

Yelena Zubkova

Name of Person

at (786)

859-6879

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Platzdarm UC

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

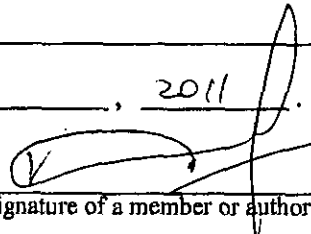
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KATASONOV, MIKHAIL	501 THREE ISLANDS BLVD #312 HALLANDALE BEACH FL 33009 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KATASONOV, MIKHAIL	501 THREE ISLANDS BLVD #312 HALLANDALE BEACH FL 33009 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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FILED

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

Dated April 20, 2011.


Signature of a member or authorized representative of a member

FEDOSOV, IGOR

Typed or printed name of signee