

L10000 062 359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

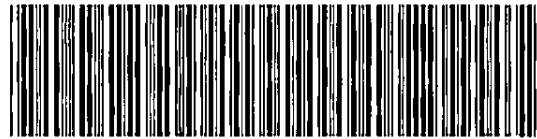
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 AUG 12 AM 9:25
SECRETARY OF THE
TALLAHASSEE, FL

AUG 14 2019
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

HOWARD MOFSEN
5541 N UNIVERSITY DR #103
CORAL SPRINGS, FL 33067

SUBJECT: PORUDOMINKSY & KLEINSTEIN, PL
Ref. Number: L10000062359

We have received your document for PORUDOMINKSY & KLEINSTEIN, PL and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 319A00015689

2019 AUG 12 PM 1:02

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Porudominsky & Kleinstein PL

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:

Howard Mofsen

Name of Person

Pinchevsky & Mofsen

Firm/Company

5541 N University Dr # 103

Address

Coral Springs, FL 33067

City/State and Zip Code

howard@pinchevskymofsen.com

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

For further information concerning this matter, please call:

Howard Mofsen

954

753-3545

at (_____) _____

Name of Person

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rafael Sierra	2825 N State Rd 7, Ste 300 Margate, FL 33063	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Porudominsky	2825 N State Rd 7, Ste 300 Margate, FL 33063	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric Kleinstein	2825 N State Rd 7, Ste 300 Margate, FL 33063	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

7 1, 9, 1, 9

Signature of a member or authorized representative of a member

Typed or printed name of signee