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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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04/08/11--01024--009 **

11 APR - 8 PM 12:20

T. HAMPTON

APR 11 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: USIL 034 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:

ROY S SHRIKI

Name of Person

USIL PROPERTIES LLC

Firm/Company

4700 SW 51 STREET SUITE 205

Address

DAVIE FL 33314

City/State and Zip Code

ROY@USILPROPERTIES.COM

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

For further information concerning this matter, please call:

ROY S SHRIKI

Name of Person

at (**954**)

964-6461

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 enc

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -8 PM 12:20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each 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</u>
MGRM	SHAY LEVIAN	4700 SW 51 STREET SUITE 205 DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem
			<input type="checkbox"/> Add <input type="checkbox"/> Rem
			<input type="checkbox"/> Add <input type="checkbox"/> Rem
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			<input type="checkbox"/> Add <input type="checkbox"/> Rem
			<input type="checkbox"/> Add <input type="checkbox"/> Rem

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

Dated 04/04, 2011

Signature of a member or authorized representative of a member

ROY S SHRIKI

Typed or printed name of signee