

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMINI EXPERTS, 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:

**DANTE S. GIOVANNETTI**

Name of Person

**EMINI EXPERTS, LLC**

Firm/Company

**9001 LEELAND ARCHER BLVD**

Address

**ORLANDO, FL 32836**

City/State and Zip Code

**DAN@EMINIEXPERTS.COM**

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

For further information concerning this matter, please call:

**DANTE S. GIOVANNETTI**

Name of Person

at ( 407 )

**557-2721**

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

RECEIVED  
11 OCT 25 PM 12:23  
TALLAHASSEE, FLORIDA

**EMINI EXPERTS, LLC**

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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	HAROLD H. MOSKOWITZ	24430 VICTORY ROAD UNIT #9 WEST HILLS, CA 91367	<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.)

- N/A -

Dated

October 18, 2011

Signature of a member or authorized representative of a member

DANTE S. GIOVANNETTI, MGRM

Typed or printed name of signee

STATE  
TALLAHASSEE  
FLORIDA  
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