

LIB000130575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

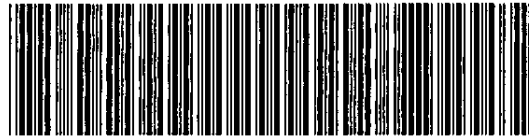
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300191299953

01/18/11--01003--008 **30.00

FILED
11 JAN 18 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHRAF 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:

Robert Krug, Esquire

Name of Person

Law Offices of Robert Krug, P.A.

Firm/Company

4010 Boy Scout Blvd., Suite 590

Address

Tampa, FL 33607

City/State and Zip Code

rkrug@visasandgreencards.com

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

For further information concerning this matter, please call:

Rob Krug

Name of Person

at (813)

871-5784

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

FILED
11 JAN 18 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASHRAF 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>
MGR	Salma Bakali	6810 Scott Street Hollywood, FL 33024	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
11 JAN 18 AM 10 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated January 12, 2011



Signature of a member or authorized representative of a member

Robert Krug

Typed or printed name of signee