

L11000097250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

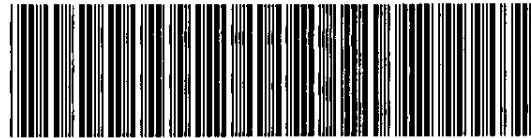
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 23 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BOCA MOZART CAFE 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:

SHIMI AVNI

Name of Person

BOCA MOZART CAFE LLC

Firm/Company

1250 HILLSBORO BLVD

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

AYANIV123@GMAIL.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANAT YANIV

Name of Person

at ( 954 )

624-2717

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

## BOCA MOZART CAFE 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>
MGRM	SIBONY, YAAKOV	1250 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDELKOPE, YONA	1250 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	<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

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

COMPANY WILL FILE TAX RETURN AS A SINGLE MEMBER LLC.

Dated

11/18/2011

Signature of a member or authorized representative of a member

SHIMI AVNI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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