

#L11000099894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

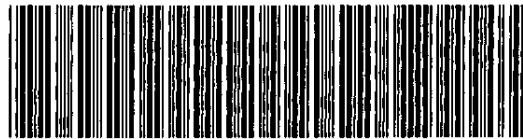
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 19 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1806 NW 67TH AVENUE, 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:

TOM EVENTAL

Name of Person

Firm/Company

6250 SW 47TH COURT

Address

DAVIE FL 33314 US

City/State and Zip Code

tevental@domainres.com

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

For further information concerning this matter, please call:

TOM EVENTAL

Name of Person

at (954)

7016393

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

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TALLAHASSEE, FLORIDA

(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 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	DANIEL ERNST	6250 SW 47TH COURT	<input type="checkbox"/> Add
		DAVIE FL 33314 US	<input checked="" type="checkbox"/> Remove
MGRM	GUY SHACHAR	6250 SW 47TH COURT	<input checked="" type="checkbox"/> Add
		DAVIE FL 33314 US	<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.)*

Dated November 14th, 2011

Signature of a member or authorized representative of a member

DM Eucetal, Manager

Typed or printed name of signee