

L11000122173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

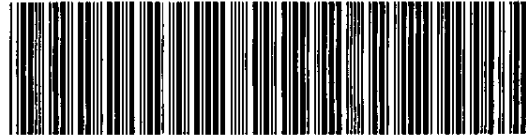
L11-122173

(Document Number)

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11 DEC 29 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gungor DEC 29 2011

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 500 BRICKELL WEST UNIT 3603 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:

SAMUEL STRAUCH

Name of Person

LEVEL 5 SERVICES INC

Firm/Company

1680 MICHIGAN AVENUE SUITE 1024

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

NBENDERSKY@GETAFFINITY.COM

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

For further information concerning this matter, please call:

NATALIA BENDERSKY

Name of Person

at ( 305 )

673-1160

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2011

SAMUEL STRAUGH  
LEVEL 5 SERVICES INC  
1680 MICHIGAN AVENUE SUITE 1024  
MIAMI BEACH, FL 33139

SUBJECT: 500 BRICKELL WEST UNIT 3603 LLC  
Ref. Number: L11000122173

We have received your document for 500 BRICKELL WEST UNIT 3603 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 011A00026480



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

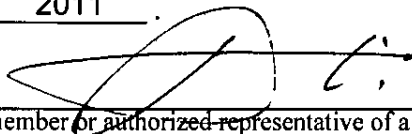
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BESAMA GROUP LTD	7318 WINDY PORT LN RICHMOND TX 77407	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SABEMA CORP	7318 WINDY PORT LN RICHMOND TX 77407	<input checked="" 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.)*

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 11 DEC 29 PM 3:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated DECEMBER 07, 2011



Signature of a member or authorized representative of a member

**LUIS JAVIER COBO**

Typed or printed name of signee