

L11000132612 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

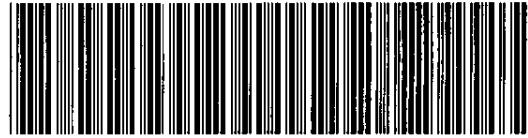
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK  
FALLAH, J. L. FLOIDA

B. BOSTICK

NOV 29 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI EXCLUSIVE 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:

ILYA SOSNIN

Name of Person

MIAMI EXCLUSIVE LLC

Firm/Company

1568 DREXEL AVE #3

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

ilya.sosnin@gmail.com

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

For further information concerning this matter, please call:

ILYA SOSNIN

Name of Person

at (305) 810 9494

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, FL 32301  
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MIAMI EXCLUSIVE 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

Title	Name	Address	Type of Action
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MGRM	KRISTINA NOVIKOVA	17100 N. BAY ROAD #1709 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	ILYA SOSNIN	1568 DREXEL AVE #3 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dated NOV-22 2011

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FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ILYA SOSNIN  
Typed or printed name of signee