

L12000001194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

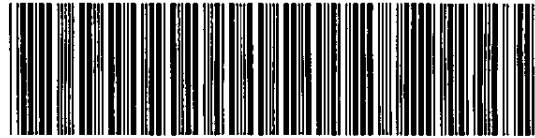
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300253560613

11/13/13--01013--004 \*\*25.00

RECEIVED  
13 DEC 13 AM 10:43  
CLERK OF COURT  
JULIA A. BROWN

DEC 16 2013

627



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2013

RADU CRACIUN  
4101 E DR MLK JR BLVD  
TAMPA, FL 33610

SUBJECT: FLORIDA FINANCIAL AND LEASING GROUP LLC  
Ref. Number: L12000001194

We have received your document for FLORIDA FINANCIAL AND LEASING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 013A00026375

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA FINANCIAL AND LEASING GROUP 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:

RADU CRACIUN

Name of Person

FLORIDA FINANCIAL AND LEASING GROUP LLC

Firm/Company

4101 E. AR. MLK JR. BLVD

Address

TAMPA, FL 33610

City/State and Zip Code

RADUCR @ HOTMAIL . COM

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

For further information concerning this matter, please call:

RADU CRACIUN

Name of Person

at (813) 484-3922

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

## Page 1 of 3

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	NAFEES AHMAD	12301 N.51st Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33617	<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
			<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.)*

---

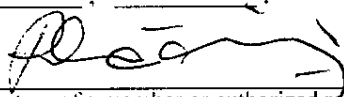
---

---

---

---

Dated December 5th, 2013



Signature of a member or authorized representative of a member

Radu Craciun

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

RECEIVED  
FEB 13 4:10:43  
FEB 13 2013