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TALLAHASSEE, FLORIDA

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AND  
FILED

D. BRUCE  
JUL 23 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WAISKA PROPERTIES, 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:

MELISSA MESKAUSKAS

Name of Person

WAISKA PROPERTIES, LLC

Firm/Company

798 CRANDON BLVD. #5

Address

Key Biscayne, FL 33149

City/State and Zip Code

WALTERHORMANN@YAHOO.COM

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

For further information concerning this matter, please call:

WALTER HORMANN

Name of Person

at ( 305 ) 498-6001

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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WAISKA PROPERTIES, 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	LOPES de PAULA, ISRAEL	2118 NE 1ST ST. FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARKMAN, CASSIO	15811 COLLINS AVE, APT 1208 SUNNY ISLES, FL 33160	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 17, 2012.

Signature of a member or authorized representative of a member

WALTER HORMANN

Typed or printed name of signee

APPROVED  
AND  
FILED

12 JUL 20 PM 12: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA