

L12000070056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

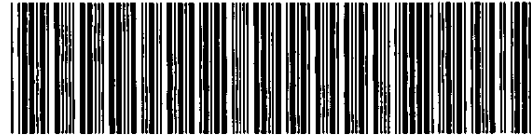
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500249309555

07/05/13--01005--019 **25.00

FILED
13 JUL -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers JUL 08 2013

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Pranski 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:

Eric Stepansky
Name of Person

Pranski LLC
Firm/Company

6000 San Amaro Dr.
Address

Coral Gables, FL 33146
City/State and Zip Code

ericstepansky@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Stepansky at (646) 897-2739
Name of Person 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

FILED
13 JUL -5 AM 11:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 | Salvatore DeBlasi | 46891 Ben Franklin Dr. | <input type="checkbox"/> Add |
| | | Shelby Twp, MI 48315 | <input checked="" 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 |

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 18 JUL - 5 AM 11:59

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6/30/13



Signature of a member or authorized representative of a member

Eric Stepansky

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 JUL -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA