

L12000072682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

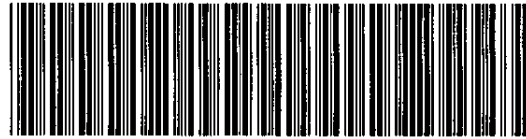
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 10 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARANTANINOS 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:

BARTON S STROCK, ESQ.
Name of Person

STROCK & COHEN, P.A.
Firm/Company

2900 GLADES CIRCLE STE 750
Address

WESTON FL 33327
City/State and Zip Code

BSTROCK@STROCKLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARTON S STROCK at (954) 659-2220
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

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:

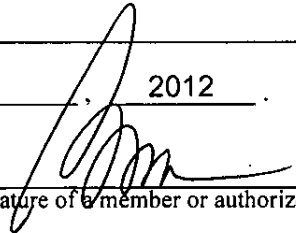
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARTIN CONCALVES	2893 EXECUTIVE PARK DR STE 304 WESTON FL 33331 US	☐ Add ☒ Remove
MGRM	ANTONINO ALVES	2893 EXECUTIVE PARK DR STE 304 WESTON FL 33331 US	☐ Add ☒ Remove
MGRM	ATONINO DE PONTE	2893 EXECUTIVE PARK DR STE 304 WESTON FL 33331 US	☐ Add ☒ Remove
MGR	MARTIN GONCALVES	2893 EXECUTIVE PARK DR STE 304 WESTON FL 33331 US	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated SEPTEMBER 4, 2012


Signature of a member or authorized representative of a member

BARTON S STROCK, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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