

L12000092456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

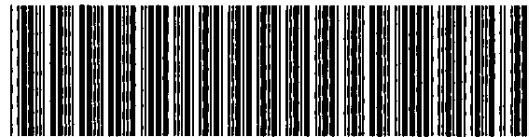
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000238191210

08/10/12--01024--002 **30.00

FILED
12 AUG 10 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GA BAR, 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:

J MICHAEL MARSHALL

Name of Person

SIEMON & LARSEN, PA

Firm/Company

433 PLAZA REAL, SUITE 339

Address

BOCA RATON, FL 33432

City/State and Zip Code

INFO@SIEMONLARSEN.COM

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

For further information concerning this matter, please call:

J MICHAEL MARSHALL

Name of Person

at (**561**)

368-3808

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
12 AUG 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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:

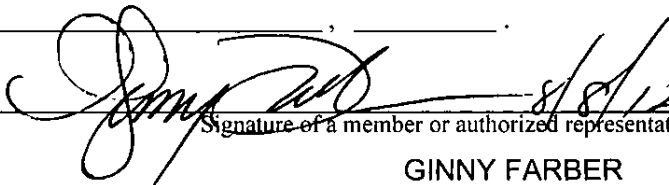
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	ANDREW J PIETRAK	701 PLAZA REAL, #530 BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	GINNY FARBER	623 W CAMINO REAL BOCA RATON, FL 33486-0000	<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.)

FILED
12 JUN 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

GINNY FARBER

Typed or printed name of signee