

L12000151199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

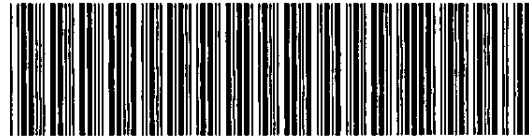
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/13--01008--022 **600.00

FILED
13 MAY -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 10 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

MISSRY CAPITAL LLC

SUBJECT: _____
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:

Yosef Y Kanner

Name of Person

Firm/Company

3121 W Hallandale Beach Blvd., Suite 102

Address

Hallandale FL 33009

City/State and Zip Code

y@floridastatetrust.com

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

For further information concerning this matter, please call:

Yosef Y Kanner

717 467-1680

at ()

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Florida State Trust	3121 Hallandale Beach Blvd Suite 102	<input type="checkbox"/> Add
		Hallandale FL 33008	<input checked="" type="checkbox"/> Remove
MGR	DYC Group	P.O. Box 820	<input checked="" type="checkbox"/> Add
		Hallandale FL 33008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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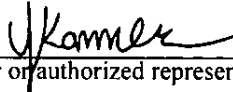
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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13 MAY -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 2nd, 2013



Signature of a member or authorized representative of a member

Yosef Y Kanner

Typed or printed name of signee

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Filing Fee: \$25.00