

L12000159092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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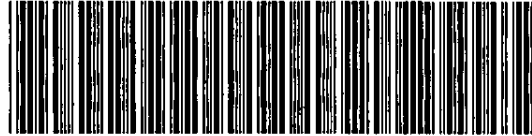
(Business Entity Name)

(Document Number)

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STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SD18 & ASSOCIATES L.L.C.

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:

SAMUEL SALAMA

Name of Person

SD18 & ASSOCIATES L.L.C.

Firm/Company

19052 NE 26TH COURT

Address

AVENTURA, FLORIDA 33180

City/State and Zip Code

ssalama&charfaya.com

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

For further information concerning this matter, please call:

SAMUEL SALAMA

786 4232353
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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
ds.)

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMUEL SALAMA	19111 COLLINS AVENUE AP.90	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO SALAMA	19355 TURNBERRY WAY APT.	<input checked="" type="checkbox"/> Add
		AVENTURA FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SUNNY ISLES BEACH FL
ALAN ASSOCIATES

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

N/A

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CLERK OF SUPERIOR COURT
NEW JERSEY

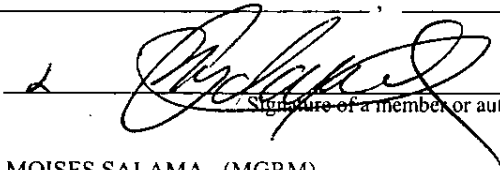
E. Effective date, if other than the date of filing: MARCH 14, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 16, 2016



Signature of a member or authorized representative of a member

MOISES SALAMA (MGRM)

Typed or printed name of signee