

# L13000041221

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

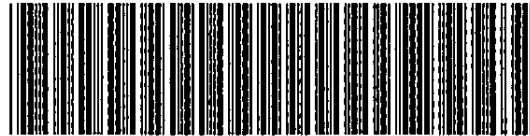
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CS-America OP, 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:

Tara McCoy  
Name of Person  
CS-America OP, LLC  
Firm/Company  
2455 E Sunrise Blvd  
Address  
Ft. Lauderdale, FL, 33304  
City/State and Zip Code  
GlobalFSinfo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara McCoy at (404) 862-1074  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2014

TARA MCCOY  
2455 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304

SUBJECT: CS-AMERICA OP LLC  
Ref. Number: L13000041221

We have received your document for CS-AMERICA OP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements are not filed with this office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 814A00001042

CS-AMERICA OP LLC

Page 1 of 3

- If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Vladimir Kudyakov	1994 E Sunrise Blvd Fort Lauderdale FL, 33304	#203 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dan Oran	1994 E Sunrise Blvd Fort Lauderdale, FL 33304	#203 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anthony Laward	1994 E Sunrise Blvd fort lauderdale fl, 33304	#203 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Ere Fried Vetensky	// //	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		// //	<input type="checkbox"/> Remove
		// //	
AMBR	VP. Kent Gibson	// //	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		// //	<input type="checkbox"/> Remove
		// //	

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

President Vladimir Kudyakov

Operations Manager Dan Oran

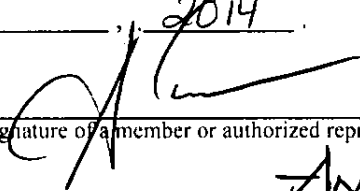
VP: Fred Vetensky

Exe VP: Kent Bibson.

E. Effective date, if other than the date of filing: Jan 22, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Jan 22, 2014

  
Signature of a member or authorized representative of a member

REG. AGENT

ANTHONY LAWAND

Typed or printed name of signee

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Filing Fee: \$25.00

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