

L13000092216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

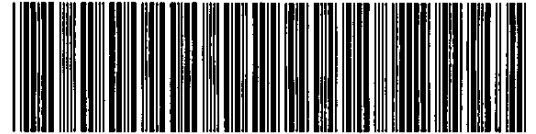
(Business Entity Name)

(Document Number)

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2014 OCT 1 10 00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Sullivan OCT 1 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LL Soleil, 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:

Heidi Scholz

Name of Person

Law Office of Heidi Scholz, P.A.

Firm/Company

3801 Collins Avenue #1003

Address

Miami Beach, Florida 33140

City/State and Zip Code

heidischolz@hotmail.com

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

For further information concerning this matter, please call:

Heidi Scholz

Name of Person

at 305 604-7990

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 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	Leonard Lambersky	3801 Collins Avenue	<input type="checkbox"/> Add
		Unit #1502	<input checked="" type="checkbox"/> Remove
		Miami Beach, Fl. 33140	
MGR	HKS Management, LLC	3801 Collins Avenue	<input checked="" type="checkbox"/> Add
		Unit #1003	<input type="checkbox"/> Remove
		Miami Beach, Florida 33140	
			<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.)*

E. Effective date, if other than the date of filing: _____ (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 _____



Signature of a member or authorized representative of a member

A Belle Vie, LLC by its Manager: Leonard Lambersky

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 25 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA