

L140000015627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

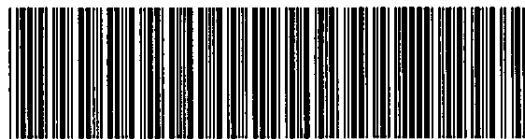
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 3 P 6:33
BOSTON

B. BOSTICK

MAR - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrew Kraus, 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:

Andrew Kraus
Name of Person

Andrew Kraus, LLC
Firm/Company

3810 Murrell Rd. Ste 147, Rockledge
Address

Rockledge, FL 32955
City/State and Zip Code

andykraus@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Kraus at (321) 591-2060
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

Andrew Kraus, 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

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>Mr.</u>	<u>Andrew Kraus</u>	<u>3810 Murrell Rd. Ste 147</u>	☒ Add
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		<u>Rockledge, FL 32955</u>	☐ Remove
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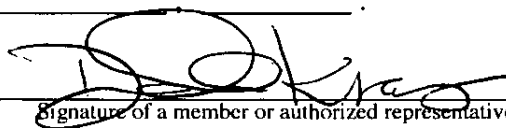
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 2/19/2014



Signature of a member or authorized representative of a member

Danielle S. Kraus

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 19 3 06 38 PM
FEB 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

ANDREW KRAUS
3810 MURRELL ROAD
SUITE 147
ROCKLEDGE, FL 32955

SUBJECT: ANDREW KRAUS, LLC
Ref. Number: L14000015627

2014 FEB 25 PM 6:38
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for ANDREW KRAUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 214A00004206