

LI4 0000 17419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

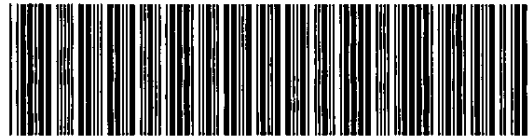
(Business Entity Name)

(Document Number)

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

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J. Stivers APR 17 2015

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Cape Auto Air, 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:

**Andrii Lukashov**

\_\_\_\_\_  
Name of Person

**Cape Auto Air, LLC**

\_\_\_\_\_  
Firm/Company

**1036 NE Pine Island Road, Unit #4**

\_\_\_\_\_  
Address

**Cape Coral, Florida 33909**

\_\_\_\_\_  
City/State and Zip Code

**capeautoair@gmail.com**

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

For further information concerning this matter, please call:

**Andrii Lukashov**

\_\_\_\_\_  
Name of Person

**239**

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

**2333849**

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

Cape Auto Air, LLC

Page 1 of 3

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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	Anna Bodak	1036 NE Pine Island Rd., Unit #4	<input checked="" type="checkbox"/> Add
		Cape Coral, Florida, 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF THE  
STATE OF FLORIDA

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

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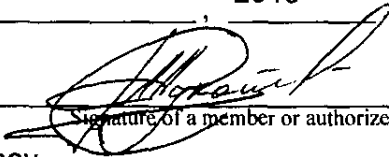
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 March 27 2015



Signature of a member or authorized representative of a member

Andrii Lukashov

Typed or printed name of signee

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Filing Fee: \$25.00

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