

L14000033750

(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 24 P 5 27

FILED

B. BOSTICK

MAR 26 2014

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAK RENTALS 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:

**EVA F GUIRGUIS / ASHRAF N MAKRAM**

Name of Person

**MAK RENTALS LLC**

Firm/Company

**111 HARBOR DR**

Address

**BELLEAIR BEACH, FL 33786**

City/State and Zip Code

**ashraf.makram@gmail.com**

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

For further information concerning this matter, please call:

**ASHRAF N MAKRAM**

Name of Person

at **727 403-9445**

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

2014 JUN 24 PM 5:27

## MAK RENTALS 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>
AMBR	ASHRAF N MAKRAM	111 HARBOR DR	<input checked="" type="checkbox"/> Add
		BELLEAIR BEACH	<input type="checkbox"/> Remove
		FL 33786	
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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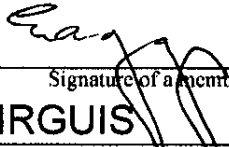
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 21ST, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

EVA F GUIRGUIS

\_\_\_\_\_  
Typed or printed name of signee

2014 MAR 21 PM 4:28  
CLERK OF COURT  
CLERK OF COURT