

214 000041732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Stivers MAY 19 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2014

YURIY SHULHAN  
13990 SW 72ND AVE  
PALMETTO BAY, FL 33158

SUBJECT: ALGOL 21 LLC  
Ref. Number: L14000041732

We have received your document for ALGOL 21 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 114A00009054

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ALGOL 21 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:

**YURIY SHULHAN**

Name of Person

Firm/Company

**13990 SW 72ND AVE**

Address

**PALMETTO BAY, FL 33158**

City/State and Zip Code

**Yshulgan@yahoo.com**

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

For further information concerning this matter, please call:

**YURIY SHULHAN**

Name of Person

at ( **305** ) **964-7327**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ALGOL 21 LLC

Page 1 of 3

14 MAY 16 AM 11:30  
SECSTATE  
TALLAHASSEE FLORIDA  
Zip Code 92

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE

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

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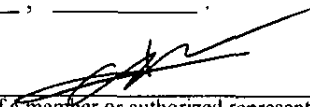
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 **MAY 12**, **2014**

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

**YURIY SHULHAN**

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

Page 3 of 3

Filing Fee: \$25.00

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