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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRYL DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRYL Development 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

doronbroman@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323) 962-8600 ext 7950

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

2014 MAY 21 AM 11:43
TALLAHASSEE, FL 32301

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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>
AMBR	Doron Broman	3330 NE 190 St., Apt. 2614	<input type="checkbox"/> Add
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Remove
AMBR	Shimon Langbart	3330 NE 190 St., Apt. 2614	<input type="checkbox"/> Add
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Remove
AMBR	Broman Investments LLC	3330 NE 190 St., Apt. 2614	<input type="checkbox"/> Add
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Remove
AMBR	SLRE Florida Investments LLC	3330 NE 190 St., Apt. 2614	<input type="checkbox"/> Add
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Remove
MGR	Doron Broman	3330 NE 190 St., Apt. 2614	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33180	<input type="checkbox"/> Remove
MGR	Shimon Langbart	3330 NE 190 St., Apt. 2614	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33180	<input type="checkbox"/> Remove

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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 05/14, 2014

D. [Signature]
Signature of a member or authorized representative of a member

Doron Broman

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE
FILED MAY 21 2014

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