

# L14 000069120

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2014 AUG 26 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

HISHAM ABUARAM  
7626 N 56TH ST  
TAMPA, FL 33617

SUBJECT: RELANA LLC  
Ref. Number: L14000069120

We have received your document for RELANA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 914A00016292

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RELANA 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:

**HISHAM ABUARAM**

Name of Person

**RELANA LLC**

Firm/Company

**7626 N. 56TH STREET**

Address

**TAMPA, FL 33617**

City/State and Zip Code

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

For further information concerning this matter, please call:

**LOUAY BAYYAT**

Name of Person

at **813 843-4146**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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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>                      |
|--------------|-----------------|--------------------------|--|
| VP           | MAJED ABUSHARAR | 8413 LUCUYA WAY          | <input type="checkbox"/> Add               |
|              |                 | TEMPLE TERRACE, FL 33637 | <input checked="" 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               |
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|              |                 |                          | <input type="checkbox"/> Add               |
|              |                 |                          | <input type="checkbox"/> Remove            |

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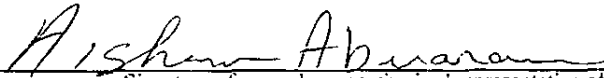
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 \_\_\_\_\_.



Signature of a member or authorized representative of a member

HISHAM ABUARAM

Typed or printed name of signee

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