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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIG APPLE PIZZA OF JERUSLAEM, 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:

DAVID T. MATHEWS

Name of Person

BIG APPLE PIZZA OF JERUSLAEM, LLC

Firm/Company

3377 BARBADOS AVENUE

Address

COOPER CITY, FLORIDA 33026

City/State and Zip Code

1986BIGAPPLE@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID MATHEWS

954
at ()

612-0897

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	MAAYANE SOUROUR	3377 BARBADOS AVENUE	<input type="checkbox"/> Add
		COOPER CITY, FLORIDA 33026	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SHAYKE KEDEM	3377 BARBADOS AVENUE	<input type="checkbox"/> Add
		COOPER CITY, FLORIDA 33026	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

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TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 17 2015

Signature of a member or authorized representative of a member

DAVID T. MATHEWS

Typed or printed name of signee