

L5000191684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

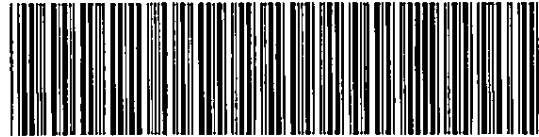
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400320115184

10/31/18--01003--023 \*\*25.00

FILED  
OCT 31 A 12:37

11/15/18 DS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 09090MISHABB 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:

JESSICA S. MISHAAN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

19331 NE 19TH PLACE

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33179

\_\_\_\_\_  
City/State and Zip Code

bill@drabbo.com

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

FILED  
2018 OCT 31 A 12:37

For further information concerning this matter, please call:

JESSICA S. MISHAAN

305

945-0909

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

## MISHABB LLC

Page 1 of 3

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>
MEM	BILL ABBO	19331 NE 19TH PLACE	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	Jessica Mishaan	19331 NE 19th Place.	<input checked="" type="checkbox"/> Add
		North Miami Beach FL,	<input type="checkbox"/> Remove
		33179.	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
22 OCT 5  
Add  
Remove  
Change

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

FILED

2018 OCT 31 A 12:37

10/26/18

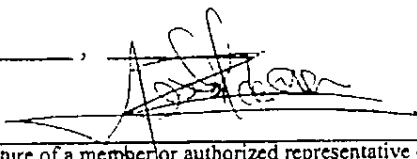
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 OCTOBER 26, 2018



Signature of a member or authorized representative of a member

JESSICA Michaan

Typed or printed name of signee