

L16000137546

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000225621 3)))



H160002256213ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FELDMAN & ASSOCIATES
Account Number : I20130000018
Phone : (786)288-5699
Fax Number : (866)856-1462

2016 SEP 12 AM 9:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: paul@feldmanclosings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMMERCIAL EAST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 SEP 12 AM 9:54

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY
EXAMINER

SEP 13

FILED
2016 SEP 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	SCHILTZ, CHARLES J	122 GOLDEN BEACH DRIVE	<input type="checkbox"/> Add
		GOLDEN BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
		122 GOLDEN BEACH DRIVE	<input type="checkbox"/> Change
MGR	SANANES, YANIV	GOLDEN BEACH, FL 33160	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 SEP 12 AM 11:32
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

2016 SEP 12 PM 11
ST. CHARLES DEPARTR
ALL AMSTERDAM

FILED
2016 SEP 12 AM 9:32
CLERK OF DISTRICT COURT
ATLANTA, GA

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.

Dated September 1, 2016

Signature of a member or authorized representative of a member

PAUL FELDMAN, ESQ.

Typed or printed name of signee