

L16000186970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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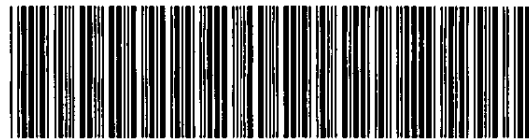
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 26 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ASD PROPERTY MANAGEMENT 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:

THOMAS RINGEL, ESQ.

Name of Person

MARKOWITZ, RINGEL, TRUSTY & HARTOG, P.A.

Firm/Company

9130 S. DADELAND BLVD., #1800

Address

MIAMI, FL 33156

City/State and Zip Code

ALANMANDELL@YAHOO.COM

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

For further information concerning this matter, please call:

THOMAS RINGEL

Name of Person

at (305) **670-5000**

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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TALLAHASSEE, FLORIDA

ASD PROPERTY MANAGEMENT, 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>
AMBR	DAVID MANDELL	15900 WOODVALE ROAD	<input checked="" type="checkbox"/> Add
		ENCINO, CA 91436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEPHEN MANDELL	12000 SW 100 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

[illegible]

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

10/22/16

Signature of a member or authorized representative

ALAN MANDELL

Typed or printed name of signee

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