

**L16000194856**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
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MILWAUKEE, WISCONSIN

**T WASHINGTON**

**DEC 01 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOUSE OF ART'S GALLERY 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:

NICHOLAS APOSTOL

Name of Person

VALLARINO FRY LAW PA

Firm/Company

5755 SW RANCHITO ST

Address

PALM CITY, FL 34990

City/State and Zip Code

NMA@APOSTOL.NET

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

For further information concerning this matter, please call:

NICHOLAS APOSTOL

Name of Person

at (772)

Area Code

285-3676

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



**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]