

L17000037425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 JUL 10 AM 7:47
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/01 BY 7017

JUL 12 2017

J. CRIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FDP CREPEWAY, 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:

Name of Person

PETER MAKRIS CPA

Firm/Company

2110 DREW STREET

Address

CLEARWATER, FL 33765

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

FDP CREPEWAY, 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 | FOTIOS TSIOKANOS | 421A SAINT ARMANDS CIRCLE | <input type="checkbox"/> Add |
| | | SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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17 JUL 10 AM 7:47
 DEPT OF STATE
 WASHINGTON DC 20520

17 JUL 10 AM 7:47
FROM: DEPT OF JUSTICE
TO: DIRECTOR, FBI
SUBJECT: MURKIN

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 6/30/17, 17

Signature of a member or authorized representative of a member

KONSTANTINOS CHILIAS

Typed or printed name of signee