

L17000185/27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

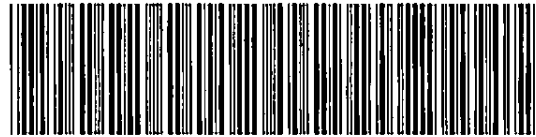
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/10/17--01040--008 **25.00

2017 OCT 26 PM 6:11

OCT 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Lotto Pool LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Surjel
Name of Person
My Lotto Pool LLC
Firm/Company
6271 NW 13th st
Address
Sunrise FL 33313
City/State and Zip Code
David.Surjel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Surjel at 561 702-2770
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input 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) |
|--|--|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2017

DAVID SURIEL
6271 NW 13TH ST
SUNRISE, FL 33313

SUBJECT: MY LOTTO POOL LLC
Ref. Number: L17000185127

We have received your document for MY LOTTO POOL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 217A00020621

2017 OCT 26 PM 12:32

FILED

2017 OCT 26 PM 12:11

M v Lotto Pool 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>
CMO	Joel Castillo	6887 Houlton Cir	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

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

10/21/17

Signature of a member or authorized representative of a member

David Surie

Typed or printed name of signee

2017 OCT 26 PM 4:11