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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MMXVII CONSULTING LLC
Account Number : I20170000085
Phone : (954)736-7418
Fax Number : (786)916-3913

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: MMXVII CONSULTING@GMAIL.COM

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOSKAYTOWER LLC

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MAR 19 2018

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: MOSKAYTOWER 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:

IAN PERCHIK

Name of Person

MMXVII CONSULTING LLC

Firm/Company

2625 WESTON ROAD - SUITE D

Address

WESTON, FLORIDA 33331

City/State and Zip Code

MMXVIICONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

IAN PERCHIK

954

736-7418

at ()

Name of Person

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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MOSKAYTOWER LLC

(((H18000085710 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

(((H18000085710 3)))

Title	Name	Address	Type of Action
MGR	FEIGELMAN, MARIA INES	2625 WESTON ROAD	<input type="checkbox"/> Add
		SUITE D	<input checked="" type="checkbox"/> Remove
		WESTON, FLORIDA 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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