

L18 000 079705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

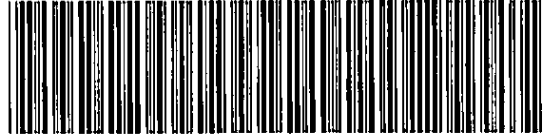
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200314170642

200314170642
06/05/18--01030--002 **25.00

FILED
2018 JUN -8 AM 8:29
CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2018

LOUANN COMO
29 DARTMOUTH RD
SHOREHAM, NY 11786-1229

SUBJECT: GIAF PROPERTIES LLC
Ref. Number: L18000079705

We have received your document for GIAF PROPERTIES 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 318A00011776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIAF Properties 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:

Louann Como

Name of Person

GIAF Properties LLC

Firm/Company

29 Dartmouth Rd

Address

Shoreham, NY 11786-1229

City/State and Zip Code

Louanncomo@elliman.com

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

For further information concerning this matter, please call:

Louann Como

631 849-3669
at () _____
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) |
|--|--|--|--|

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIAF Properties 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:

Louann Como

Name of Person

GIAF Properties LLC

Firm/Company

29 Dartmouth Rd

Address

Shoreham, NY 11786-1229

City/State and Zip Code

Louanncomo@elliman.com

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

For further information concerning this matter, please call:

Louann Como

631 849-3669
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

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>
MGMR	Chet Finkbeiner	3505 Veterans Hwy Ste D	<input type="checkbox"/> Add
		Ronkonkoma, NY 11779	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Land & Property Choices LLC	29 Dartmouth Rd	<input checked="" type="checkbox"/> Add
		Shoreham, NY 11786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DELETED

200 JUN -8 AM 8:23
 200 JUN -8 AM 8:23
 200 JUN -8 AM 8:23

E. Effective date, if other than the date of filing: June 4, 2018 (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.

(b) The 90th day after the record is filed.

Dated June 4 2018

Signature of a member or authorized representative of a member

Chet Finkbeiner

Typed or printed name of signee