

118000145630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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7/23

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700315239407

07/02/18--01022--008 **43.75

07/25/18--01014--003 **16.25

FILED

18 JUL 23 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2018

AVIV ELBAZ
6499 POWERLINE RD SUITE 206
FORT LAUDERDALE, FL 33309

SUBJECT: ELLA MANAGEMENT LLC
Ref. Number: L18000145630

We have received your document for ELLA MANAGEMENT LLC and your check(s) totaling \$43.75. •However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00014378

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CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELLA MANAGEMENT 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:

AVIV ELBAZ

Name of Person

ELLA MANAGEMENT LLC

Firm/Company

6499 POWERLINE ROAD, SUITE 206

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

AVIV@SAARMANAGEMENT.COM

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

For further information concerning this matter, please call:

AVIV ELBAZ

786 3020975
at ()

Name of Person

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

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TALLAHASSEE, FLORIDA.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	AVIV ELBAZ	6499 POWERLINE ROAD,	<input checked="" type="checkbox"/> Add
		SUITE 206	<input type="checkbox"/> Remove
		FORT LAUDERDALE FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 7/19/2018

Signature of a member or authorized representative of a member

YARON SHAMIR

Typed or printed name of signee