

L19000196317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

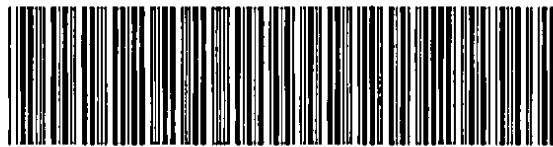
(Business Entity Name)

(Document Number)

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2019 SEP 11 AM 10:30  
SEATTLE  
TALLAHASSEE, FL

SEP 11 2019  
C. Kinse



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2019

MICHAEL ZEKANOSKI  
27227 PULLEN AVE APT A2  
BONITA SPRINGS, FL 34135

SUBJECT: CAPT. MICHAEL ZEKANOSKI LLC  
Ref. Number: L19000196317

We have received your document for CAPT. MICHAEL ZEKANOSKI LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 519A00017904

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Capt. Michael Zekanoski 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:

Michael Zekanoski

\_\_\_\_\_  
Name of Person

Capt. Michael Zekanoski LLC

\_\_\_\_\_  
Firm/Company

27227 Pullen Ave. Apt A2

\_\_\_\_\_  
Address

Bonita Springs FL 34135

\_\_\_\_\_  
City/State and Zip Code

mikezekanoski@gmail.com

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

For further information concerning this matter, please call:

Michael Zekanoski

239 810-3141

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>
AMBR	Carly Talbott Zekanoski	27227 Pullen Ave. Apt A2 Bonita Springs FL, 34135	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

[illegible]

**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 \_\_\_\_\_, \_\_\_\_\_.

Michael Behnaska

Signature of a member or authorized representative of a member

Michael Zekanoski

Typed or printed name of signee