

L20000237154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

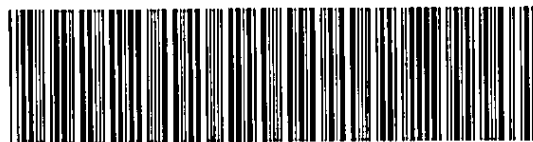
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/20/21
TM

Office Use Only



700363054267

03/31/21--01008--003 **25.00

21 MAR 31 PM 12:17

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTH PORT SALON SUITES, 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:

KAREN HRUSKA

Name of Person

NORTH PORT SALON SUITES, LLC

Firm/Company

17075 EDGEWATER DRIVE

Address

PORT CHARLOTTE, FL 33948

City/State and Zip Code

NORTHPORTSALONSUITES@GMAIL.COM

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

For further information concerning this matter, please call:

KAREN HRUSKA

941

456-0400

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32310

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

21 MAR 31 PM 12:18
STATE OF ILLINOIS
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEFFREY HRUSKA, JR	850 W. ERIE STREET, APT. 2W	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60642-7329	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SARAH ZAVATZ HRUSKA	850 W. ERIE STREET, APT. 2W	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60642-7329	<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

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

DEPARTMENT OF STATE
DIVISION OF CORPORATION

21 MAR 31 PM 12:18

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 MARCH 24, 2021

Karen Hruska

Signature of a member or authorized representative of a member

KAREN HRUSKA

Typed or printed name of signee