

9/21/22, 5:07 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L2200032789234076**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 22 AM 9:44

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

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C. BRUMBLEY

SEP 26 2022

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: RESHKIN 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:

TIMUR RESHKIN
Name of Person
RESHKIN LLC
Firm/Company
800 SE 4TH AVE , APT 711
Address
HALLANDALE BEACH, FL 33009
City/State and Zip Code
info@miaccounting.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMUR RESHKIN
Name of Person
305 610-2704
at ()
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 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H22000327892 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEKSANDR RESHIKIN	5930 SUNRISE VISTA DR, APT 176	<input checked="" type="checkbox"/> Add
		CITRUS HTS, CA 95610	<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
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Filing Fee: \$25.00