

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIMAK INSURANCE BROKERS 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:

SIMON NAON
Name of Person

NAON AND CO LLC
Firm/Company

331 NE 89TH STREET
Address

MIAMI, FL 33138
City/State and Zip Code

SIMON@NAONANDCO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON NAON at 347 898-6079
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 810
Tallahassee, FL 32303

11/15/17

