

MO7000002847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 28 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2015

VALDIMIR KURAEV  
33180 NE 192ND STREET PH16  
AVENTURA, FL 33180

SUBJECT: AQUA AT ALLISON ISLAND HOLDINGS LLC  
Ref. Number: M07000002847

We have received your document for AQUA AT ALLISON ISLAND HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 715A00022406

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AQUA AT ALLISON ISLAND HOLDINGS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VLADIMIR KURAEV

Name of Person

ARBUZ LLC

Firm/Company

3300 NE 192ND ST, PH 16

Address

AVENTURA, FL 33180

City/State and Zip Code

VKURAEV@GMAIL.COM

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

For further information concerning this matter, please call:

VALDIMIR KURAEV

Name of Person

at ( 305 ) 331-0223

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AQUA AT ALLISON ISLAND HOLDINGS LLC

Enter new principal office address, if applicable: 3300 NE 192ND ST, PH 16

(Principal office address  
MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

3300 NE 192ND ST, PH 16

AVENTURA, FL 33180

2. The Florida document number of this limited liability company is: M07000002847

3. Jurisdiction of its organization: DELAWARE, ANY LAWFUL ACTIVITY

4. Date authorized to do business in Florida: 05/14/2007

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: N/A  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ARBUZ LLC

New Registered Office Address: 3300 NE 192ND ST, PH 16

Enter Florida Street Address

AVENTURA

City

Florida 33180

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

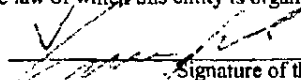
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MRG</u>	<u>TATARENKO, EGOR A</u>	<u>1985 CALARIS DR, UNIT#10, MIAMI BEACH, FL 33141</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>VLADI, SERGEI</u>	<u>7-8 GREAT JAMES STREET, LONDON, WC1N 3DF GB</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ARBUZ LLC</u>	<u>33180 NE 192ND ST, PH 16, AVENTURA, FL 33180</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 Signature of the authorized representative

SKYSCRAPERS OVERSEAS KFT., MR. MIKHAIL SMIRNOV, MANAGING DIRECTOR (SENIOR OFFICER)

Typed or printed name of signee

Filing Fee: \$25.00