M0900000003138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) M09-2/38 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT - 6 2010
FYAMINED

Office Use Only



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08/31/10--01024--014 **30.00

SECRETARY OF STATE



September 1, 2010

IRIT VIZER 535 PARK NORTH COURT WINTER PARK, FL 32789

SUBJECT: MAUIVA LLC Ref. Number: M09000002138

We have received your document for MAUIVA 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 410A00021005

COVER LETTER

	tion Section of Corporations		
SUBJECT:	MAUI	VA, LLC	
	Name of Limited I	Liability Company	
Dear Sir or Mada	m:		
The enclosed Arti	cles of Correction and fee(s) are submitte	d for filing.	
Please return all c	orrespondence concerning this matter to t	the following:	
	IRIT VIZER		
	Name of Person		
	MAUIVA, LLC		Ž
	Firm/Company	 .	L A
	535 PARK NORTH COURT		ASS
	Address		
	WINTER PARK, FL 32789		AHASSEE FLORIDA
	City/State and Zip Code		0,0
E-mail addr	IRIT@MAUIVA.COM ess: (to be used for future annual report no	otification)	
For further inform	nation concerning this matter, please call:		
	IRIT VIZER at (4533
	Name of Person	Area Code & Daytime Telepho	ne Number
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on orations enter Circle	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations
Enclosed is a che	ck for the following amount:		
\$25 Filing Fee		ling Fee & S60 Filing Fee ed Copy Certificate of S Certified Copy	Status &
CR2E062 (08/05)			

2010 OCT -5 PH 31 18

COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT:	Mauiya LLO Name of Foreign L	imited Liability Compa	ny	
Dear Sir or Madam:				
The enclosed Affidavit Managing Member(s) a	•	Liability Company to (Change Manager(s) or	
Please return all corres	pondence concernin	g this matter to the follo	owing:	
IRIT	VIZER		2010 SE	
1	Name of Person			٦
Maul	VA LLC		AS.	٢
	Firm/Company		23.0 X	T
535 Park A	Jorth Ct.		FF SF	7
	Address		OR ST	
Winter Park	FL 32789	4		
City	y/State and Zip Code	e		
irit@ma	uiva com			
E-mail address: (1	o be used for future	annual report notification	on)	
For further information	concerning this ma	tter, please call:		
IRIT VIZER) at (407) 346 4532		
Name of Pe		Area Code and Daytime		
STREET/COUI Registration Section of Corp		MAILING AE Registration Se Division of Co	ection	
Clifton Building 2661 Executive (Tallahassee, Flor		P.O. Box 6327 Tallahassee, FI		
Enclosed is a check for \$25 Filing Fee	or the following am \$30 Filing Fee & Certificate of Status	ount: \$55.00 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: Mauna LLC	y as it appears on the records of the l	Florida
2. This entity was formed under the laws of	: Delaware .	<u> </u>
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on <u>June 4, 200</u> er is <u>Mo9000001138</u>	20 SE
4. The name and address of each manager of	or managing member is as follows:	TARY HASSE
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	OF STATE
MGR.	IRIT VIZER 535 Park Worth Ct. Winter Park, FL 32789	
<u>MGR</u>	MIRIAM ARGOV 535 Park North Ct. Winter-Park, FL 32789	
Required Signature: Signature of Manager,	Managing Member or Member	
	Fee: \$25	