Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: NRAI SERVICES, LLC Account Name

Account Number : 120080000104 Phone : (302)674-4089

: (302)674-5266 Fax Number

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

dmv2574@aol.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVENTURA CJ, LLC

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JAN 25 2012

EXAMINER

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TQ:	Registration Section Division of Corporations					
SUR.		entura C				
	Name of Foreign	n Limited I	Liability Compa	iny		
Dear	Sir or Madam:					
	The enclosed Affidavit by Foreign Limited Liability Company to Change Managor(s) or Managing Member(s) and fee(s) are submitted for filing.					
Plcas	e return all correspondence concer	ning this m	atter to the follow	_		•
	Donna Wagner		_		TALLAHASSEE. FLORIDA	
	Name of Person				7. 8	
	Potamkin				器門力	
	Firm/Company				昭星二	
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	130 Spruce Street - Suf	le JUB			max _ n	1
	Address				河州王	フ !
	Philadelphia, PA 191	108			7° 5° 7	-
City/State and Zip Code					空 25	-
dmv2574@aol.com					D.M.	
_	E-mail address: (to be used for fut	urc annual	report notificati	on)		
For f	urther information concerning this	matter, ple	ase call:			
	Donna Wagner a	215	ı	627-3760		
	Name of Person			e Telephone Number		٠
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circla Tallahassee, Florida 32301	:	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection pr <mark>porations</mark> 7		Ì
Encl V\$25	osed is a check for the following Filing Pec 530 Filing Fee & Certificate of Status	. 🔲 \$55	1.00 Piling Fee & ied Copy	\$60 Filing Fee, Certificate of Status & Certified Capy		

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

Department of State is:	Aventura CJ, LLC	,				
2. This entity was formed under the laws o	f: Delaware	·				
3. This entity was authorized to transact bu and its Florida document/registration numb	usiness in Florida on 10/28/11 er is <u>M11000005426</u>					
4. The name and address of each manager	or managing member is as follows:					
Title: "MOR" = Manager "MGRM" = Managing Member	Name and Address:	TILL THE PROPERTY OF THE PROPE				
EVP	Faisel Ahmed 16600 N.W. 57th Avenue Miaml Lakes, FL 33014	TALLED THE SECRETARISE SEE, FLORISE				
EVP	Barry Frieder 6200 NW 167th Street - Bldg B Miami Lakes, FL 33014	ORIGINA SO				
Treasurer/Assistant Sect.	David Yusko 6200 NW 167th Street - Bldg. B Miami Lakes, FL 33014					
Assistant Treasurer/Sect.	Ali Ahmed 16600 N.W. 57th Avenue Mlami Lakes. FL 33014					
Pres.	Aurelio Rivera 6200 N.W. 167th Street - Bidg. B Mlami Lakes, FL 33014					
Required Signature:	it Yesler					
Signature of Manager	, Managing Member or Member					
Filing Fee: \$25						