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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 29 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seabreeze Pizza 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:

Terry G. Max
Name of Person
Seabreeze Pizza LLC.
Firm/Company
1101 Thomas St.
Address
Delray Bch, FL 33488
City/State and Zip Code
dmax1234@aol.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Terry G. Max at (561) 997 6622
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Dr. Terry G. Max</u>	<u>1101 Thomas St. Delray Beach, FL 33483</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Dr. Patrick Sweeney</u>	<u>5078 Lakeshore Dr. Holland, MI 49424</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Linda Max</u>	<u>1101 Thomas St. Delray Beach, FL 33483</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Diana Sweeney</u>	<u>5078 Lakeshore Dr. Holland, MI 49424</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated

9/24/09



Signature of a member or authorized representative of a member

Dr. Terry G. Max

Typed or printed name of signee