

L10000090897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

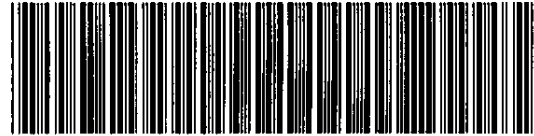
(Business Entity Name)

(Document Number)

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OFFICE OF
SEPT. 27, 2010
FLORIDA

S. HAWKES

SEP 28 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cloisters Ventures, 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:

John T. Paxman, Esquire
Name of Person

John T. Paxman, P.A.
Firm/Company

1832 North Dixie Highway
Address

Lake Worth, Florida 33460
City/State and Zip Code

john@paxmanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Paxman, Esquire at (**561**) **547-2424**
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

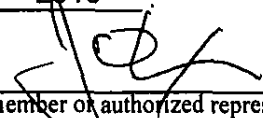
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Samuels	500 North Dixie Highway Lake Worth, Florida 33460	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Peter A Wiesner	500 North Dixie Highway Lake Worth, Florida 33460	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 ALBANY, NEW YORK

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

N/A

Dated September 24, 2010



 Signature of a member or authorized representative of a member
 John T. Paxman

 Typed or printed name of signee