

4200065761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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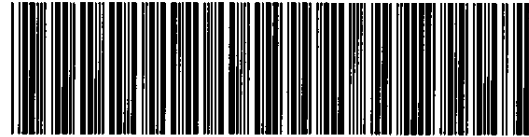
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 11 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **COURTNEY PARK, 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:

STUART I. GROSSMAN

Name of Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSSMAN LLP

Firm/Company

201 S. BISCAYNE BLVD - 22ND FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIG@LKLSG.COM

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

For further information concerning this matter, please call:

STUART GROSSMAN

Name of Person

at **(305) 403-8788**

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

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COURTNEY PARK, LLC

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALISON COLBERT	95 NORTH COUNTY ROAD	<input type="checkbox"/> Add
		PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Remove
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD	<input checked="" type="checkbox"/> Add
		PALM BEACH, FL 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA


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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 25, 2014



Signature of a member or authorized representative of a member

EDWARD LEEVAN

Typed or printed name of signer

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Filing Fee: \$25.00

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