

L17000694207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

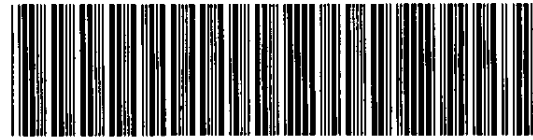
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1114 BELAIR DR. BOCA RATON, 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:

Thomas U. Graner, Esq.
Name of Person
Graner Platzek & Allison, P.A.
Firm/Company
720 E. Palmetto Park Road
Address
Boca Raton, FL 33432
City/State and Zip Code
tom@granerlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivy Colon at **561** **750-2445**
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 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

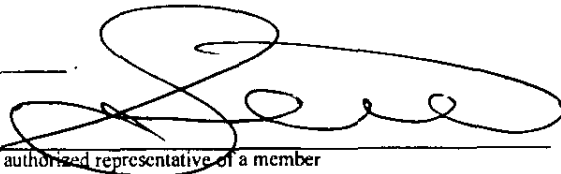
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lauren P. Esnes	798 Ponce de Leon Road	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
MGR	Al Giachetti	1118 Bel Air Drive	<input checked="" type="checkbox"/> Add
		Highland Beach, FL 33487	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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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 December 2, 2014



Signature of a member or authorized representative of a member

Steven Lenoff, as authorized representative
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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