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DIVISION OF CORPORATIONS
15 APR 27 PM 1:58

*CL
5-4-15*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPV 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:

BRIAN SANDERS
Name of Person
WALTER S SANDERS & ASSOCIATES PA
Firm/Company
16528 N DALE MABRY HWY
Address
TAMPA FLORIDA 33618
City/State and Zip Code
BRIAN@WALTERSANDERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN SANDERS at **813** **961-0094**
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>
MGR	PIETRO CAPUANO	16528 N DALE MABRY HWY	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

N/A

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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 APRIL 14, 2015



Signature of a member or authorized representative of a member

CHAD SCHILSKY

Typed or printed name of signee