

L05000117200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

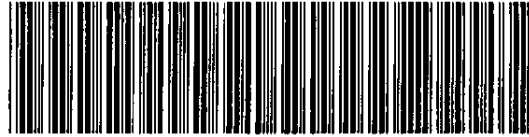
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 11 AM 10:20

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J. SAULSBERRY
EXAMINER

JAN 13 2011

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 464 MARINER 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 STRAUSS

Name of Person

464 MARINER LLC

Firm/Company

464 MARINER

Address

JUPITER, FL 33477

City/State and Zip Code

STRAUSSTOM@AOL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

THOMAS STRAUSS

Name of Person

at (561)

371-2146

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

464 MARINER LLC

Page 1 of 2

• 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:

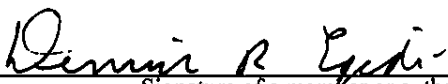
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DENNIS R. EGIDI	800 S. MILWAUKEE AVENUE SUITE 170 LIBERTYVILLE, IL 60048	☐ Add ☒ Remove
MGRM	THOMAS STRAUSS	464 MARINER DRIVE JUPITER, FL 33477	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated JANUARY 6, 2011



Signature of a member or authorized representative of a member

DENNIS R.E GIDI

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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