

L13000072445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUL -1 2013

A. LUNT

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2013

TAMARA WILLIAMS  
718 SW PORT ST. LUCIE BLVD. #4  
PORT ST. LUCIE, FL 34953

SUBJECT: DOLCE VIDA REALTY, LLC  
Ref. Number: L13000072445

We have received your document for DOLCE VIDA REALTY, LLC and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 813A00014160

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dolce Vida Realty, 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:

Tamara Williams

Name of Person

My Real Estate Virtual Assistant

Firm/Company

718 SW Port St. Lucie Blvd. #4

Address

Port St. Lucie, FL 34953

City/State and Zip Code

tamarsellsFL@yahoo.com

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

For further information concerning this matter, please call:

Tamara Williams

Name of Person

at ( 772 ) 475-8878

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

## Page 1 of 3

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	Isabel Williams	718 SW Port St. Lucie Blvd #4 Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Isabel Williams, LLC	718 SW Port St. Lucie Blvd #4 Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tamara C. Williams	718 SW Port St. Lucie Blvd #4 Port St. Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tamara C. Williams, PA	718 SW Port St. Lucie Blvd #4 Port St. Lucie, FL 34953	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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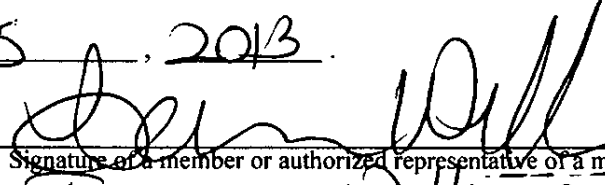
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HILLSBORO, FLORIDA

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Dated

June 15, 2013



Signature of a member or authorized representative of a member

Tamara Williams

Typed or printed name of signee