

**T. BROWN**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **2127 PLUNKETT 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:

**ILEANA NOA**

Name of Person

**CONCORDE LAND TITLE SERVICES, INC.**

Firm/Company

**134 S. DIXIE HIGHWAY, #110**

Address

**HALLANDALE BEACH, FL 33009**

City/State and Zip Code

**INOA@CONCORDELTS.COM**

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

For further information concerning this matter, please call:

**ILEANA NOA**

Name of Person

at **(305) 356-8403**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2014

ILEANA NOA  
CONCORDE LAND TITLE SERVICES, INC.  
134 S DIXIE HIGHWAY #110  
HALLANDALE BEACH, FL 33009

SUBJECT: 2127 PLUNKETT LLC  
Ref. Number: L10000068003

We have received your document for 2127 PLUNKETT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 614A00008964

FILED  
14 MAY 16 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2010 \_\_\_\_\_ and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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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	SOFIA P. GEIMAN	1886 TYLER ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
MGR	ADRIAN GEIMAN	703 CAMINO GARDENS LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
MGRM	MARIO DIMILTA	1886 TYLER ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" 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.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional) *SPG*  
(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 21** , **2014**

Signature of a member or authorized representative of a member

**SOFIA P. GEIMAN**

Typed or printed name of signer

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Filing Fee: \$25.00