

LD1000006820

(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:

L. SELLERS

SEP - 8 2009

EXAMINER

Office Use Only



400159910414

09/04/09--01013--020 **25.00

FILED
09 SEP - 4 AM 8: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSET VIEWS, L.L.C.
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:

Jose Pedreira

Name of Person

Sunset Views, L.L.C.

Firm/Company

PO Box 546916

Address

Surfside, Florida 33154

City/State and Zip Code

joepedreira@yahoo.com

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

For further information concerning this matter, please call:

Jose F. Pedreira

Name of Person

at (305)

867-6141 x12

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

SUNSET VIEWS, L.L.C.

Page 1 of 2

FILED
09 SEP -4 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA
ZNY Code
e per comply with

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

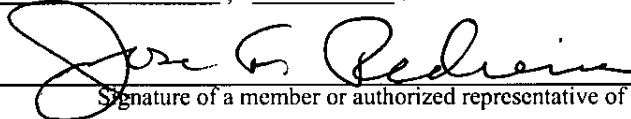
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

NEED TO AMEND EIN # TO THE FOLLOWING: 65-1110704

Dated 09/01, 2009



Signature of a member or authorized representative of a member

JOSE F. PEDREIRA

Typed or printed name of signee

FILED
09 SEP -4 AM 8: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA