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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 20 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Middlecrest, 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:

Sean Posner

Name of Person

Middlecrest, LLC

Firm/Company

10800 Biscayne Boulevard, Suite 350

Address

Miami, FL 33161

City/State and Zip Code

amoruzzi@platinumadv.com

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

For further information concerning this matter, please call:

Aurelia A Moruzzi

Name of Person

at (305)

8931110

Area Code & Daytime Telephone Number

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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

Middlecrest, 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	Sean Posner, Co-Trustee	10800 Biscayne Boulevard, Suite 350 Miami, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jarrett Posner, Co-Trustee	10800 Biscayne Boulevard, Suite 350 Miami, FL 33161	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JUNE 07, 2011.

Sean Posner
 Signature of a member or authorized representative of a member

Sean Posner
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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