

L030000017851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

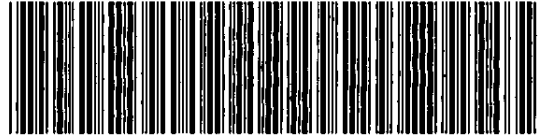
Special Instructions to Filing Officer:

L. SELLERS

OCT 30 2009

EXAMINER

Office Use Only



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10/28/09--01012--002 **30.00

FILED

09 OCT 28 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABEL HOMES AT KEYS WINDS, 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:

ABEL AMADOR

Name of Person

MIRAMAR PARKWAY PLAZA PARTNERS, LLC

Firm/Company

P.O. BOX 652107

Address

MIAMI, FL. 33265-2107

City/State and Zip Code

ABEL@ABELHOMES.COM

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

For further information concerning this matter, please call:

ABEL AMADOR

Name of Person

at (**305**)

207-4777

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

ABEL HOMES AT KEYS WINDS, 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:

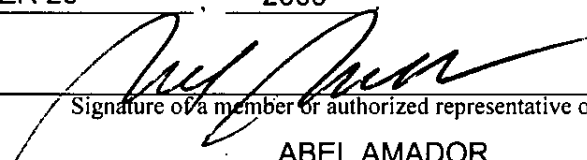
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NOT APPLICABLE		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NOT APPLICABLE

Dated OCTOBER 26, 2009


Signature of a member or authorized representative of a member

ABEL AMADOR

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA