

L03000041251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scaglione Properties L and R, 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:

Ronald Scaglione

Name of Person

Corporate Office

Firm/Company

6300 Sagewood Dr H-117

Address

Park City, UT 84098

City/State and Zip Code

propertyinfo@me.com

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

For further information concerning this matter, please call:

Ron Scaglione

Name of Person

813 908-2211

at (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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Scaglione Properties L and R, LLC

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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>
MGR	Scaglione, Ronald	218 E Bearss Ave #409	<input checked="" type="checkbox"/> Add
		Tampa, FL 33613	<input type="checkbox"/> Remove
MGR	Scaglione, Megan	218 E Bearss Ave #409	<input checked="" type="checkbox"/> Add
		Tampa, FL 33613	<input type="checkbox"/> Remove
MGR	Scaglione, Basil	218 E Bearss Ave # 409	<input type="checkbox"/> Add
		Tampa, FL 33613	<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

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TAMPA FLORIDA

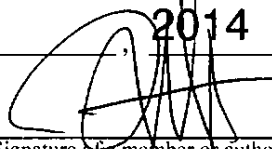
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(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 **July 9**

2014



Signature of a member or authorized representative of a member

Ronald E Scaglione

Typed or printed name of signee

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Filing Fee: \$25.00

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SUPREME COURT