

W5 000093778

(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:

Office Use Only



700163771227

12/23/09--01013--009 **25.00

2009 DEC 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

DEC 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peter Tomasello Management Company, 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:

Joseph A. Porrello

Name of Person

Joseph A. Porrello, P.A.

Firm/Company

P.O. Box 450249

Address

Miami, Florida 33245

City/State and Zip Code

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

2009 DEC 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joseph A. Porrello

Name of Person

at (305)

374-0092

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

Peter Tomasello Management Company, LLC
(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

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	Ollie Tomasello	3412 Heather Terrace Ft. Lauderdale, FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Peter A. Tomasello	3412 Heather Terrace Ft. Lauderdale, FL 33319	<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

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

Dated October 22, 2009.

Peter A. Tomasello
 Signature of a member or authorized representative of a member
 Peter A. Tomasello
 Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2009
AM 10:41