

LD5000 118673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palms Cascade 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:

Ashley Busi

Name of Person

Prudential Palms Realty

Firm/Company

130 N. TAMiami Trail

Address

SARASOTA, FL 34236

City/State and Zip Code

ashleycarter@prudentialpalmsrealty.com

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

For further information concerning this matter, please call:

Ashley Busi

Name of Person

at 941,552-4263

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

Palms Cascade 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:

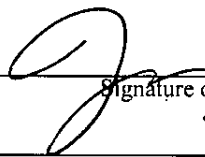
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Helen SOSSO	130 N. Tamiami Trail SARASOTA, FL 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARK SOSSO	130 N. Tamiami Trail SARASOTA, FL 34236	<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

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

Dated MARCH 18, 2010.


 Signature of a member or authorized representative of a member
SCOTT SOSSO
 Typed or printed name of signee