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T. CLINE

SEP - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vintage Leasing, 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:

Richard Petrucci
Name of Person

Vintage Leasing, LLC
Firm/Company

115 E. 4th Avenue, Suite 204
Address

Mount Dora, FL 32757
City/State and Zip Code

KP143BP@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Petrucci at 352 223-9433
Name of Person 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

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Vintage Leasing, 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	William R Petrucci	405 SASSAFRAS LANE MT DORA, FL 32757	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Katherine Petrucci	405 SASSAFRAS LANE MT DORA, FL 32757	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Richard Petrucci	405 SASSAFRAS LANE MT DORA, FL 32757	<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

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

Dated _____



Signature of a member or authorized representative of a member

William R. Petrucci

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
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