

L06000070585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

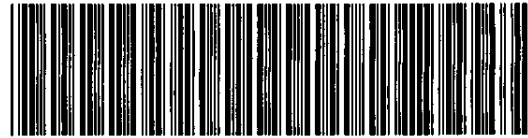
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 DEC 27 PM 1:50
CLERK, STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Sunshine Apartments, 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:

Lucio Gomez

Name of Person

Sunshine Apartments, LLC

Firm/Company

70 Box 143284

Address

Coral Gables, FL 33114

City/State and Zip Code

saigon920@Comcast.net

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucio Gomez

Name of Person

at (305) 302-2048

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

STATE
TALLAHASSEE, FLORIDA

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FILED

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

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

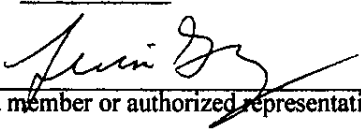
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen Knoblock	PO Box 143284 Coral Gables, FL 33114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lazara Gomez	PO Box 143284 Coral Gables, FL 33114	<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.)

11 DEC 27 PM 1:50
STATE
TALLAHASSEE, FLORIDA

Dated December 21, 2011.



Signature of a member or authorized representative of a member
Lucio Gomez

Typed or printed name of signee