

L06000119949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

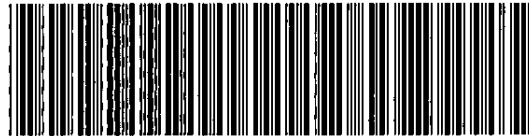
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN
JUL 15 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2256 Dennis Street, 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:

Cristina De Oliveira
Name of Person
The Law Office of Cristina De Oliveira, P.A.
Firm/Company
2332 Galiano Street, Second Floor,
Address
Coral Gables, Fl. 33134
City/State and Zip Code
cdeoliveira@lawcdo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cristina De Oliveira at (305) 461-1660
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

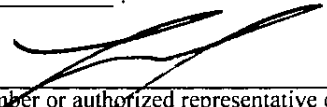
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LeonSchigiel	3200 NW 77 Ct Miami, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Leo Schigiel	3200 NW 77 Ct Miami, FL 33122	<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 June 23, 2011



Signature of a member or authorized representative of a member

Leo Schigiel

Typed or printed name of signee

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