

L07000005262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

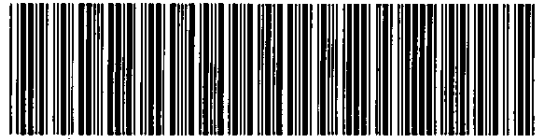
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100159926871

09/04/09--01016--010 \*\*25.00

09 SEP - 4 PM 12: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. BRYAN

SEP - 8 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 5944 Sandphil, 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:

**Brian Palmer**  
Name of Person  
**Brian Palmer CPA, PA**  
Firm/Company  
**2937 Bee Ridge Rd., Suite 2**  
Address  
**Sarasota, FL 34239**  
City/State and Zip Code  
**palmercpa@comcast.net**  
E-mail address: (to be used for future annual report notification)

**FILED**  
**09 SEP -4 PM 12:54**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Brian Palmer** at ( **941** ) **922-4744**  
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	Elaine Zapatha	7821 Crest Hammock Way Sarasota, FL 34240	<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 August 31, 2009

*Bernard Zapatha*

Signature of a member or authorized representative of a member

Bernard Zapatha

Typed or printed name of signee

FILED  
 09 SEP -4 PM 12:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA