

L07000026083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

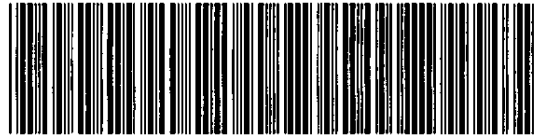
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SEP - 9 2009

EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP - 8 PM 3: 28

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DPW Capital Advisors, 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:

David P. Wright

Name of Person

Firm/Company

695 Central Avenue #150-N

Address

Saint Petersburg, FL 33701

City/State and Zip Code

dw@shorecrestcapital.com

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

For further information concerning this matter, please call:

David P. Wright

Name of Person

at ( 727 )

798-1850

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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**(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>                                           |
|--------------|-------------|----------------|-----------------------------------------------------------------|
| N/A          |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

N/A

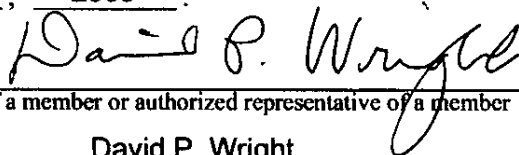
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\_\_\_\_\_

Dated September 3, 2009



Signature of a member or authorized representative of a member

David P. Wright

Typed or printed name of signee