

L08000006647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

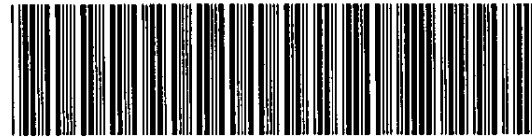
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13 SEP 23 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1076 SEP 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Gulfcoast Insurance, 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:

Robert D. Gerrero
Name of Person

Florida Gulfcoast Insurance
Firm/Company

3013 Del Prado Blvd, Suite 12
Address

Cape Coral FL 33904
City/State and Zip Code

rgerrero@floridian-insurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert D. Gerrero at (239) 540-3625
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

Florida Gulfcoast Insurance, L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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	Robert D. Gorrero	3013 Del Prado Blvd #12	<input checked="" type="checkbox"/> Add
		Cape Coral, Fl 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Add
Remove

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

None

Dated Sept 20, 2013

Robert D. Gennaro

Signature of a member or authorized representative of a member

Robert D. GERRERO (member)

Typed or printed name of signee

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Filing Fee: \$25.00

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