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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SG AVN, 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 Spiegel

(Name of Person)

Poinciana Management Inc.

(Firm/Company)

P. O. Box 11

(Address)

Palm Beach, Florida 33480

(City/State and Zip Code)

7:00 JUN -9 P 4: 15
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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Donna Irwin

(Name of Person)

at (561) 832-8502

(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

SG AVN, LLC

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>
<u>MGR</u>	<u>Robert Spiegel</u>	<u>P.O. Box 11</u> <u>Palm Beach Florida 33480</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Gutierrez Group, LLC</u>	<u>340 Poinciana Way Suite 326</u> <u>Palm Beach FL 33480</u>	<input type="checkbox"/> Add <input checked="" 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 3, 2008

Signature of a member or authorized representative of a member

Robert Spiegel

Typed or printed name of signee

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