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DIVISION OF CORPORATIONS  
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T. HAMPTON

OCT - 9 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: APOLLO HOSPITALITY, 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:

**JONATHAN SAWYER**

Name of Person

**ALBERTELLI LAW**

Firm/Company

**600 N WESTSHORE BLVD, SUITE 400**

Address

**TAMPA, FL 33609**

City/State and Zip Code

**JSAWYER@ALBERTELLILAW.COM**

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

For further information concerning this matter, please call:

**JONATHAN SAWYER**

Name of Person

at ( 813 )

**356-0222**

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

APOLLO HOSPITALITY, 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>
MGRM	JASON ALBERTELLI	5200 BELFORT ROAD, SUITE 250 JACKSONVILLE, FL 32256	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -8 PM 12:10

Dated OCTOBER 7, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
GEORGE ALBERTELLI

\_\_\_\_\_  
Typed or printed name of signee