

LD9000029559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

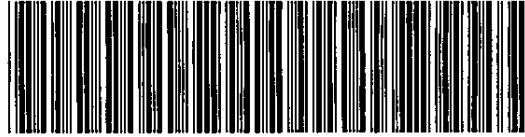
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267863859

01/06/15--01016--023 **30.00

FILED
2015 JAN -6 PM 3:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
JAN 07 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLD COAST FLORIDA REGIONAL CENTER, 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:

RHONDA RANDALL

Name of Person

PDT INVESTMENTS #7, L.L.C.

Firm/Company

290 N HOLLYWOOD HWY

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

rrandall@gcfr.com

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

For further information concerning this matter, please call:

RHONDA RANDALL / LILIAN LAVADO

Name of Person

at **954 4487851**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN -6 PM 3:24

FILED

GOLD COAST FLORIDA REGIONAL CENTER, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAGO, DONOVAN	490 SAWGRASS CORPORATE PKWY	<input type="checkbox"/> Add
		STE 310	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33325	
MGRM	JAGO, PETER	490 SAWGRASS CORPORATE PKWY	<input checked="" type="checkbox"/> Add
		STE 310	<input type="checkbox"/> Remove
		490 SAWGRASS CORPORATE PKWY	
			<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

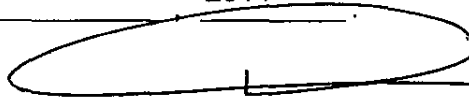
2015 JAN-6 PM 3:24
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 23 2014



Signature of a member or authorized representative of a member

Donovan Jago

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 JAN -6 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA