

LD9000038563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

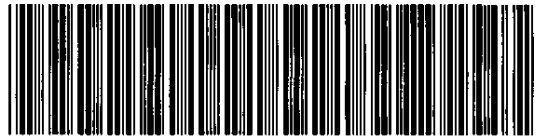
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700156064067

05/20/09--01011--018 \*\*25.00

FILED

09 MAY 20 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 21 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocean Patio Living 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:

Janet Carrier  
Name of Person

Ocean Patio Living LLC  
Firm/Company

475 NE 37th St  
Address

Boca Raton, FL 33431  
City/State and Zip Code

mizner1@gmail.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
09 MAY 20 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Janet Carrier at ( 561 ) 350-4137  
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

## Ocean Patio Living LLC

Page 1 of 2

