

LO9000047190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

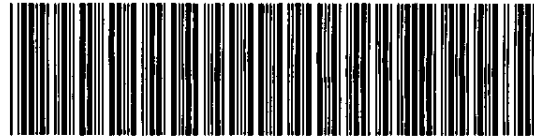
(Business Entity Name)

(Document Number)

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TALLAHASSEE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARCADIA REALTY**

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:

**DIANA PADRON**

Name of Person

**ARCADIA REALTY LLC**

Firm/Company

**2769 E OAKLAND PARK BLVD**

Address

**FT LAUDERDALE, FL 33306**

City/State and Zip Code

**ARCADIAREALTY@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**DIANA PADRON**

Name of Person

at ( **954** ) **537-5204**

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  
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

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

ARCADIA REALTY LLC

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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>
MGR	IMELDA GONZALEZ	2769 E OAKLAND PARK BLVD	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Remove
MGR	JEROME QUIDATO	2769 E OAKLAND PARK BLVD	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FALL APTS. 801 E. FLORIDA

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

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Dated **NOVEMBER 05**, **2013**

*Diana Padron*

Signature of a member or authorized representative of a member

**DIANA PADRON**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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