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TALLAHASSEE FLORIDA

OCT 28 2014
D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Royal Palm Stores & Apartments, 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:

Sandra Schneider, Trustee

Name of Person

Royal Palm Stores & Apartments, LLC

Firm/Company

1800 NE 114th Street, # 2210

Address

North Miami, FL 33181

City/State and Zip Code

mikeaaat@att.net

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

For further information concerning this matter, please call:

Sandra Schneider

Name of Person

at **305** **895-8823**

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 &
Certificate of Status
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certificate of Status
(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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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>
MGR	Sandra Schneider, Trustee	1800 NE 114th Street, # 2210	☒ Add
		North Miami, fl 33181	☐ Remove
MGR	Michael Schneider	1800 NE 114th Street, #2210	☐ Add
		North Miami, FI 33181	☒ Remove
AMBR	Sandra Schneider, Trustee	1800 NE 114th Street, # 2210	☒ Add
		North Miami, FI 33181	☐ Remove
AMBR	Sandra Schneider	1800 NE 114th Street, # 2210	☐ Add
		North Miami, FI 33181	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE FL 32303

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

Required Signature

Sandra Schneider, trustee

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 October 21, 2014.

Sandra Schneider, trustee

Signature of a member or authorized representative of a member

Sandra Schneider, Trustee

Typed or printed name of signee

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Filing Fee: \$25.00

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