

LD9000059949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

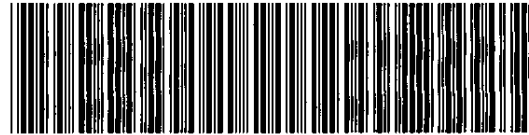
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800182609458

06/28/10--01022--025 100.00

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 28 AM 10:23

C. LEWIS

JUN 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barrington Cole Partners 1, 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:

Alan Bostom

Name of Person

Barrington Cole Partners 1, LLC

Firm/Company

11576 Pierson Road Suite K5

Address

Wellington FL 33414

City/State and Zip Code

abostom@aol.com

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

For further information concerning this matter, please call:

Alan Bostom

Name of Person

at (561)

795-0018

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

FILED

2010 JUN 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(A Florida Limited Liability Company)

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:

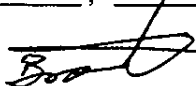
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bruce Bostom	4926 SW 32nd Way Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alan Bostom	14372 Equestrian Way Wellington, FL 33414	<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

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

Dated June 24, 2010



Signature of a member or authorized representative of a member

Bruce Bostom

Typed or printed name of signee

FILED
2010 JUN 28 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA