

L09000078873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

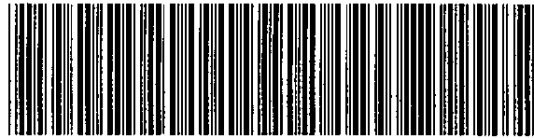
(Business Entity Name)

(Document Number)

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

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09 AUG 31 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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▲ BRYAN

AUG 21 2009

J. BRYAN

SEP - 1 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2009

STEPHEN S. SIEGEL  
STEPHEN S. SIEGEL, P.A.  
14100 PALMETTO FRONTAGE ROAD, SUITE 102  
MIAMI LAKES, FL 33016

SUBJECT: 144 STREET LLC  
Ref. Number: L09000078873

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TALLAHASSEE, FLORIDA

We have received your document for 144 STREET LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You didn't send the complete form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 709A00028475

→ returned - Thank you.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 144 STREET 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:

**STEPHEN S. SIEGEL**

Name of Person

**STEPHEN S. SIEGEL, P.A.**

Firm/Company

**14100 PALMETTO FRONTAGE ROAD, SUITE 102**

Address

**MIAMI LAKES, FL 33016**

City/State and Zip Code

**RWALTERS@GATE.NET**

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

**FILED**  
**09 AUG 31 PM 3:28**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**STEPHEN S. SIEGEL**

Name of Person

at ( **305** )

**557-4172**

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

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>
MGR	WALTERS, RODNEY C	16535 NE 26 AVE N MIAMI BEACH FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RODNEY CLYDE WALTERS, AS TRUSTEE OF THE RODNEY CLYDE WALTERS LIVING TRUST, DATED JULY 24, 2002	16535 NE 26 AVE N MIAMI BEACH FL 33160	<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)

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\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG 31 PM 3:28

FILED

Dated AUGUST 18 2009

Signature of a member or authorized representative of a member

RODNEY C WALTERS

Typed or printed name of signee