

L09000083325

(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:

A. LUNT

JAN - 4 2010

EXAMINER

Office Use Only



100163841571

12/31/09--01052--010 **30.00

FILED

2009 DEC 31 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandcastle Two 1007, 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:

Christopher A. Roche, Esquire

Name of Person

Law Office of Christopher A. Roche

Firm/Company

229 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

croche@marcocable.com

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

For further information concerning this matter, please call:

Christopher A. Roche, Esquire at (239) 389-0700

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 31 PM 2:29

FILED

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:

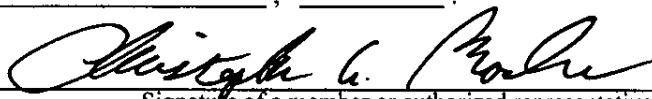
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>David K. Ford</u>	<u>194 Corner Ridge Road</u> <u>Aurora, Ontario, L4G 6L5</u> <u>Canada</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Samy Shlomo Maman</u>	<u>1655 Ludlow Road</u> <u>Marco Island, FL 34145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Issac Armand Chetrit</u>	<u>Ramuz 85, 1009 Pully,</u> <u>Switzerland</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Christopher A. Roche,</u> <u>Esquire</u>	<u>229 N. Collier Boulevard</u> <u>Marco Island, FL 34145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 30, 2009



Signature of a member or authorized representative of a member

Christopher A. Roche

Typed or printed name of signee

FILED
2009 DEC 31 PM 2:29
TALLAHASSEE FLORIDA
SECRETARY OF STATE