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T. HAMPYON

COVER LETTER

TO: Registration Section Division of Corporation	on rations	\mathcal{F}^{-1}	.†
CLUD ID CT	R.W.T.P. L	.LC	
SUBJECT: :		ed Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	JOSEPH .	J. FIORENTINO	
•		Name of Person	
	R.W.	T.P. LLC	
		Firm/Company	
	2717 GRAN	ΓST.	
		Address	
	HOLLYWOO	D,FL.33020	
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
-	E-mail address: (to	be used for future annual report notification	on)
For further information cond	erning this matter, please ca	11:	
JOSEPH J. F	FIORENTINO	954 401 962	3
Name of Pe	erson	20 at (954) 401 962; Area Code & Daytime Te	lephone Number
Enclosed is a check for the f	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

• 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 Title **Address Type of Action** Name 5071 MADISON LAKE WEST GARY D. COLEMAN JR. **MGRM DAVIE, FL.** 33328 **✓** Remove Remove Remove Remove Add Remove

f amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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:d	12 2015
	toggh f. prote
	Signature of a member or authorized representative of a member
	JOSEPH J. FIORENTINO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SHELLS IN