

L10000025670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

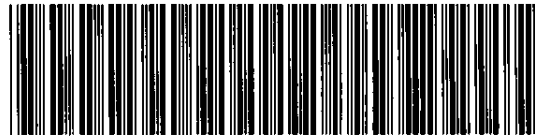
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000167299310

03/26/10--01021--013 **25.00

FILED
10 MAR 26 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Sullivan MAR 29 2010

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Sun Gas Properties Glades, 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:

Richard Vogel

Name of Person

Sun Gas Properties Glades, LLC

Firm/Company

7191 N State Rd 7

Address

Parkland, FL 33073

City/State and Zip Code

sgmricky@aol.com

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

For further information concerning this matter, please call:

Richard Vogel

Name of Person

at (561)

914-6774

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
10 MAR 26 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
10 MAR 26 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated March 20, 2010

Signature of a member or authorized representative of a member
Richard Vogel

Typed or printed name of signee