

L10000036174

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOR SEASON PROPERTIES, 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:

WILLIAM E. PRUITT

Name of Person

PRUITT & PRUITT, P.A.

Firm/Company

3030 SOUTH DIXIE HIGHWAY, SUITE 5

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

WEPRUITT@SNEDPRUITT.COM

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

For further information concerning this matter, please call:

WILLIAM E. PRUITT

561 655-8080

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

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TALLAHASSEE, FLORIDA

2014 DEC 15 P 2:45

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FOR SEASON PROPERTIES, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALEX CENIZO	1022 NASSAU STREET	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
MGRM	CAROLINE A. MORAN	13945 QUARTER HORSE TRAIL	<input type="checkbox"/> Add
		WELLINGTON, FL 33414	<input checked="" 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

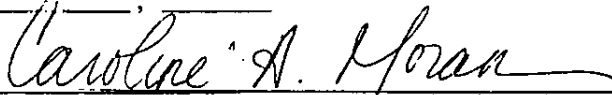
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 10, 2014



Signature of a member or authorized representative of a member

CAROLINE A. MORAN

Typed or printed name of signee

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