

L10000057331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

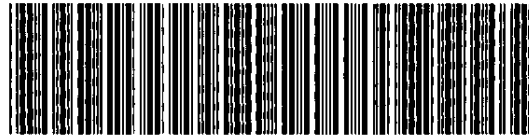
(Business Entity Name)

(Document Number)

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

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10 JUN -1 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BUCKINGHAM ESTATES 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:

**AYAL HOORY**

Name of Person

**BUCKINGHAM ESTATES LLC**

Firm/Company

**1761 W. HILLSBORO BLVD, SUITE 314**

Address

**DEERFIELD BEACH, FL 33442**

City/State and Zip Code

**GILOVADIA@USA.COM**

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

For further information concerning this matter, please call:

**GIL OVADIA**

Name of Person

at ( **786** )

**2623955**

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



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>GIL OVADIA</u>	<u>10409 BUENA VENTURA DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON</u>	<input type="checkbox"/> Remove
		<u>FL 33498</u>	
			<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.)*

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

Dated 5/27/2010

  
Signature of a member or authorized representative of a member

AYAL HOORY  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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