

L11000003024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

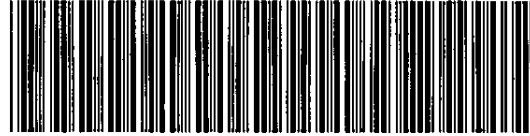
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14 MAY 20 PM 4:15
TALLAHASSEE, FLORIDA

T. Bunch MAY 29 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Woodmere Realty Advisors, 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:

Henry Rodriguez

Name of Person

Woodmere Realty Advisors, LLC

Firm/Company

P.O. Box 579

Address

Osprey, FL 34229

City/State and Zip Code

hrodriguezsdcc@comcast.net

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

For further information concerning this matter, please call:

Henry Rodriguez

Name of Person

at **(941) 735-7061**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

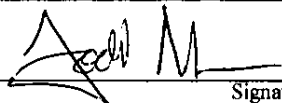
Page 1 of 3

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 _____, _____.



Signature of a member or authorized representative of a member

W. Todd Menke

Typed or printed name of signee

14 MAY 20 PM 6:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA