

L110000020700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

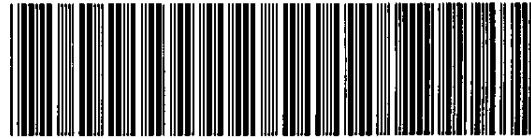
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. PAULSBERRY
EXAMINER

AUG 23 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UPPER PINELLAS SINGLES 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:

LESLIE RUDLOFF

Name of Person

UPPER PINELLAS SINGLES LLC

Firm/Company

900 HARBOR HILL DRIVE

Address

SAFETY HARBOR, FL 34695

City/State and Zip Code

FAS@TAMPABY.RR.COM

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

For further information concerning this matter, please call:

LESLIE RUDLOFF

Name of Person

at (727)

474-3386

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

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UPPER PINELLAS SINGLES LLC

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	GAYLE DECOSTE	PO BOX 643 DUNEDIN, FL 34697	<input type="checkbox"/> Add <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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 17, 2011

Gayle L. Decoste, President

Signature of a member or authorized representative of a member

GAYLE L DECOSTE

Typed or printed name of signee

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SECRETARY OF STATE