

L11000041311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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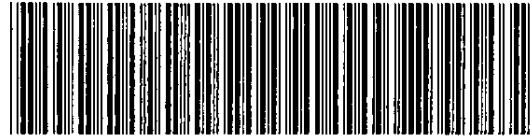
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 28 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPITAL V FTL ONE, 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:

MATTHEW J. SCHLICHTE

Name of Person

LAW OFFICES OF RAY A. SCHLICHTE, JR., PA

Firm/Company

2134 HOLLYWOOD BLVD

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

MSCHLICHTE@SCHLICHTELAW.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MATTHEW J. SCHLICHTE

Name of Person

at (**954**)

923-4604

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

CAPITAL V FTL ONE, LLC

Page 1 of 2

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and assigned
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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

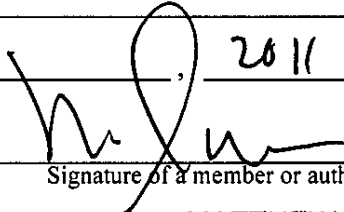
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Capital V Investments, LLC	1000 Corporate Drive, Suite 280 Ft. Lauderdale, FL 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NANCY VIRGA	1000 Corporate Drive, Suite 280 Ft. Lauderdale, FL 33334	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated

4/20, 2011


Signature of a member or authorized representative of a member

MATTHEW J. SCHLICHT

Typed or printed name of signee