

L11000047213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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T. Burch MAR 26 2014

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Monster Mini Golf New Port Richey 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:

**John Rueda**

Name of Person

**Monster Mini Golf New Port Richey LLC**

Firm/Company

**3373 Crescent Oaks Blvd**

Address

**Tarpon Springs FL 34688**

City/State and Zip Code

**johncrueda@gmail.com**

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

For further information concerning this matter, please call:

**John Rueda**

Name of Person

at **(727) 768-5116**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2014

JOHN RUEDA  
3373 CRESENT OAKS BLVD  
TARPON SPRINGS, FL 34688

SUBJECT: MONSTER MINI GOLF NEW PORT RICHEY LLC.  
Ref. Number: L11000047213

We have received your document for MONSTER MINI GOLF NEW PORT RICHEY LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 614A00004751

## Monster Golf New Port Richey

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	Steven Cuculich	1611 Renaissance way	<input type="checkbox"/> Add
		Tampa FL 33602	<input checked="" type="checkbox"/> Remove
MGRM	John Rueda	3373 Crescent Oaks	<input type="checkbox"/> Add
		Tarpon Springs FL 34688	<input checked="" type="checkbox"/> Remove
MGR	Angela Tobey	3373 Crescent Oaks Blvd	<input checked="" type="checkbox"/> Add
		Tarpon Springs FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

2/24/

2014

Signature of a member or authorized representative of a member

John Rueda

Typed or printed name of signee

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Filing Fee: \$25.00

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