

L11000049643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

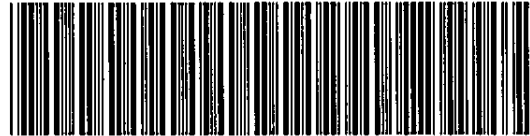
(Business Entity Name)

(Document Number)

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2015 FEB 26 PM 3:00
FALLS CHURCH, VA
FALLS CHURCH, VA

MAR 09 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LPFP PROPERTIES 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:

DARLENE LADOUS
Name of Person

LPFP PROPERTIES LLC
Firm/Company

3560 SHORELINE CIR
Address

PALEM HARBOR FL 34684
City/State and Zip Code

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

For further information concerning this matter, please call:

DARLENE LADOUS at (727) 742-9312
Name of Person Area Code Daytime Telephone Number

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2015 FEB 26 PM 3:00
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

LPFP PROPERTIES LLC

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2015 FEB 26

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>
MGR	JEROME LADOU	3560 SHORELINE CIR	<input type="checkbox"/> Add
		PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Remove
MGR	DARLENE LADOU	3560 SHORELINE CIR	<input checked="" type="checkbox"/> Add
	TRUST AGREEMENT	PALM HARBOR FL 34684	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2015 FEB 22 PM 3:00
CLERK OF DISTRICT COURT
JANUARY 19 2015

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: DEC 15, 2014 (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 FEB 23, 2015, _____

Darlene Kodon

Signature of a member or authorized representative of a member

DARLENE KODON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 FEB 26 PM 3:00
CLERK OF STATE
TALLAHASSEE FL 32399