

L1100006142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

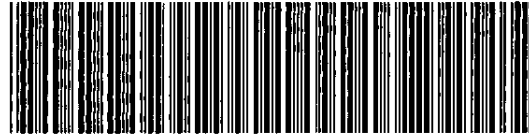
Special Instructions to Filing Officer:

L. SELLERS

JUL 25 2011

EXAMINER

Office Use Only



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07/22/11--01023--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 22 PM 4:09

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RM PT 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:

LISA ZAHORIAN

Name of Person

TAX & FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DR., SUITE 201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

LISA@WONDERTAX.COM

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

For further information concerning this matter, please call:

LISA ZAHORIAN

Name of Person

at (239)

405-8395

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

RM PT PROPERTIES LLC

Page 1 of 2

MAILED
JUL 22 PM 4:09
Zip Code
SUBJECT AREA OF STATE
TALLAHASSEE, FLORIDA
address

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	DARLA BETLACH	430 CYPRES WAY EAST NAPLES, FL 34110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SAMANTHA SENKARIK	1260 OXFORD LANE NAPLES, FL 34105	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 25TH, 2011.



Signature of a member or authorized representative of a member

MICHAEL BETLACH

Typed or printed name of signee