

L11000062758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

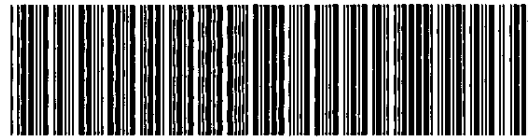
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS GOLF COURSE MAINTENANCE, 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 Fogel

Name of Person

Cypress Golf Course Maintenance

Firm/Company

10015 Ians Ridge Road

Address

Orlando, FL 32832

City/State and Zip Code

john@cypressgolfmanagement.com

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

For further information concerning this matter, please call:

Leslie Fogel

Name of Person

at (407)

493-0212

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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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>
MBR	John D Fogel	10015 Ians Ridge Road Orlando, FL 32832	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Cypress Golf Management	Cypress Golf Management, LLC 10015 Ians Ridge Road Orlando, FL 32832	<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 June 08

2011

Signature of a member or authorized representative of a member

John D Fogel

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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