

L11000071262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

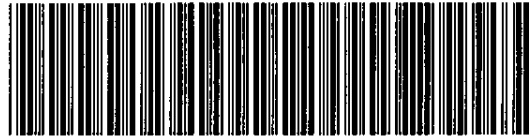
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400216100314

01/09/12--01037--009 **25.00

FILED
12 JAN -9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JAN 10 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MVP FLORIDA REAL ESTATE, 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:

DEBRA EDAN PETRUZELLI

Name of Person

MVP FLORIDA REAL ESTATE, LLC

Firm/Company

9838 HERON POINTE DRIVE

Address

ORLANDO, FL 32832

City/State and Zip Code

DEBRA@MVPFLA.COM

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

For further information concerning this matter, please call:

DEBRA EDAN PETRUZELLI

Name of Person

at (407)

687-5011

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

FILED

12 JAN -9 PM 12:13

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>
MGRM	REBECCA ANN LEWIS	P.O. BOX 901 WINDERMERE, FL 34786	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
12 JAN -9 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 12/28, 2011


Signature of a member or authorized representative of a member

DEBRA EDAN PETRUZZELLI
Typed or printed name of signee