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LAW OFFICES OF  
**MOFFA, GAINOR, & SUTTON, P.A.**

ONE FINANCIAL PLAZA, SUITE 2202  
100 S E. THIRD AVENUE  
FT. LAUDERDALE, FL 33394  
OFFICE 954-761-3700 – FAX 954-761-1004  
WWW.FLORIDASALESTAX.COM

**SHAREHOLDERS**

JOSEPH C. MOFFA, CPA, ESQUIRE  
THOMAS R. GAINOR, CPA, ESQUIRE  
JAMES H. SUTTON, JR., CPA, ESQUIRE

**OFFICES**

FT. LAUDERDALE, FL  
TAMPA, FL

August 12, 2014

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Amendments for Gardens Shell LLC & Gardens Shell Real Estate LLC

To Whom It May Concern:

I am writing on the above-referenced companies. Please find enclosed two amendments, one for each entity. Please also find enclosed a check for \$60.00, which is the \$30.00 fee for each entity. My daytime telephone is 954-642-9390 and my return address is Moffa, Gainor, & Sutton, P.A., Attn: Gerald J Donnini II, Esq, 100 SE Third Ave., Suite 2202, Fort Lauderdale Florida 33394. If you have any additional questions the please do not hesitate to contact me or email me at [JerryDonnini@floridasalestax.com](mailto:JerryDonnini@floridasalestax.com)

Sincerely,



Gerald J Donnini II, Esquire

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gardens Shell 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:

Gerald J Donnini II

Name of Person

Moffa, Gainor, & Sutton P.A.

Firm/Company

100 SE Third Ave., Suite 2202

Address

Fort Lauderdale FL 33394

City/State and Zip Code

JerryDonnini@FloridaSalesTax.com

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

For further information concerning this matter, please call:

Gerald Donnini II, Esq.

Name of Person

at (954) 642-9390

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



**MGR = , Manager**  
**AMBR = Authorized Member**

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

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**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 August 12, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gerald J Donnini

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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