

L110000697567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

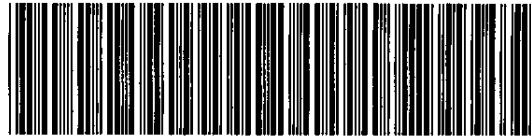
(Business Entity Name)

(Document Number)

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J. Shivers

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SABRA DEVELOPMENTS 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:

CALLA REID

Name of Person

SABRA DEVELOPMENTS LLC

Firm/Company

4822 AGUALINDA BLVD.

Address

CAPE CORAL, FL 33914

City/State and Zip Code

ISYR@EARTHLINK.NET

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

For further information concerning this matter, please call:

CALLA REID

Name of Person

239 540-8126

at ()
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

SABRA DEVELOPMENTS LLC

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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>
MGRM	ROGOWSKI, IZAK	4822 AGUALINDA BLVD	☐ Add
		CAPE CORAL, FL 33914	☒ Remove

MGRM	VERED, RAN	4822 AGUALINDA BLVD	☒ Add
		CAPE CORAL, FL 33914	☐ Remove

			☐ Add
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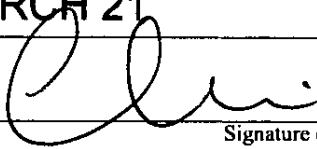
			☐ Add
			☐ Remove

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: _____ (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 **MARCH 21**, **2014**



Signature of a member or authorized representative of a member

CALLA REID

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA