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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

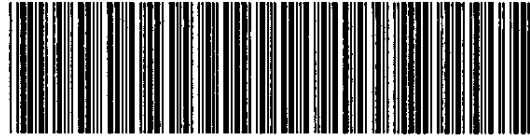
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers SEP 13 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RST CORAL RIDGE 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:

**CATHERINE R. SANGHERA**

Name of Person

Firm/Company

**618 SW 8 AVENUE**

Address

**FORT LAUDERDALE, FL 33315**

City/State and Zip Code

**CRSANGHERA@GMAIL.COM**

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

For further information concerning this matter, please call:

**KULBEER SANGHERA**

Name of Person

at **954 770-2093**

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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TALLAHASSEE, FLORIDA

## Page 1 of 3

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	ROBERT S. TINGLE	910 SUMMERBROOK LANE	<input type="checkbox"/> Add
		SIGNAL MOUNTAIN, TN 37377	<input checked="" type="checkbox"/> Remove
MGRM	MALINDA B. TINGLE	910 SUMMERBOOK LANE	<input checked="" type="checkbox"/> Add
		SIGNAL MOUNTAIN, TN 37377	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 5, 2013



Signature of a member or authorized representative of a member

CATHERINE R. SANGHERA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECURE COPY OF STATE  
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