

L12000007306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

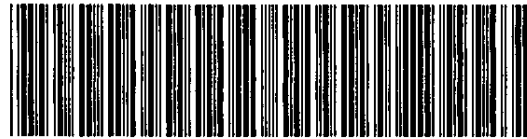
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB - 8 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CAP PROPERTY MANAGEMENT SERVICES, 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:

**ANTHONY PIO COSTA III**

Name of Person

Firm/Company

**2848 NE 38TH STREET**

Address

**FORT LAUDERDALE, FL 33316**

City/State and Zip Code

**MAINFOFFICE@PIOCOSTA.COM**

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

For further information concerning this matter, please call:

**ANTHONY PIO COSTA III** at **973 575-1706**

Name of Person

Area Code & Daytime Telephone Number

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

## CAP PROPERTY MANAGMENT SERVICES LLC

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add    |
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|              |             |                | <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.)*

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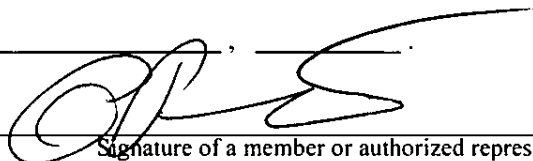
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**ANTHONY PIO COSTA III**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**

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TALLAHASSEE, FLORIDA**