

L12000070078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 JUN 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JUN 29 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 64TH MANATEE AVENUE 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:

STACY FRANK

Name of Person

64TH MANATEE AVENUE LLC

Firm/Company

3841 W. KENNEDY BLVD., SUITE 3

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

SFRANK@FLTOWERS.COM

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

For further information concerning this matter, please call:

Denise Yates or Stacy Frank

Name of Person

at (**813**)

259-1196

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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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	STACY FRANK, INC	3841 W. KENNEDY BLVD., SUITE 3 TAMPA, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STACY FRANK	3841 W. KENNEDY BLVD., SUITE 3 TAMPA, FL 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

12 JUN 27 PM 3:48

FILED

Dated June 21, 2012



Signature of a member or authorized representative of a member

STACY FRANK

Typed or printed name of signee