

U12000074157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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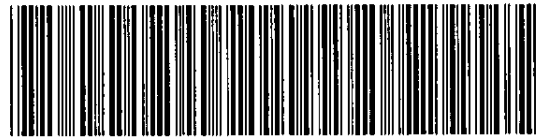
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUN 19 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLA WATERFORD CLASS A, 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:

KIMBERLY M. MCALLISTER, ESQ.

Name of Person

WESTWIND PROPERTY MANAGEMENT

Firm/Company

1343 MAIN STREET SUITE 201

Address

SARASOTA, FL 34236

City/State and Zip Code

KIM@WESTWINDMGT.COM

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

For further information concerning this matter, please call:

KIMBERLY M. MCALLISTER

Name of Person

at (941)

952-9055

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

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FLA WATERFORD CLASS A, LLC

Page 1 of 2

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>
MGR	ANNA NEKORANEC	1343 MAIN STRET SUITE 702 SARASOTA FL 34236	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

June 15, 2012

Signature of a member or authorized representative of a member

FRED COCHRAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 JUN 18 PM 2:06

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