L1200064258

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



800261462018

05/22/14--01020--001 **150.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2014

LESLIE FELICIANO 2699 S BAYSHORE DR 7TH FLOOR MIAMI, FL 33133

SUBJECT: 3541 NE 1ST AVENUE UNIT PM05, LLC

Ref. Number: W14000033703

We have received your document for 3541 NE 1ST AVENUE UNIT PM05, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00011665

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

ection orporations					
IE 1ST AVENUE UN	NIT PM05, LLC	•			
Name of Florida Limited Liability Company					
espondence concernin	g this matter to:				
RP					
Contact Person	·				
ro Faust					
Firm/Company					
<u> </u>					
Address					
ity, State and Zip Code					
om					
	eport notification)				
on concerning this ma	tter, please call:				
	at (305) 85	6-2444			
erson		nytime Telephone Number			
Enclosed is a check for the following amount:					
□ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 CR2E106 (02/14)		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			
	Name of Florida Sof Conversion and fempany" into an "Other espondence concerning Contact Person For Faust Firm/Company Drive, 7th Floor Address ity, State and Zip Code com be used for future annual reson for the following amount S30.00 Filing Fee and Certificate of Status S: ions er Circle	Name of Florida Limited Liability Comparison of Conversion and fee(s) are submitted to impany" into an "Other Business Entity" in espondence concerning this matter to: RP Contact Person To Faust Firm/Company Drive, 7th Floor Address To concerning this matter, please call: at (305) 85			

Articles of Conversion For Florida Limited Liability Company

Into

"Converted or Other Business Entity"

	version is submitted to convert the following Florida Limited into an "Other Business Entity" in accordance with s. 605.1045,				
 The name of the Business Entity" is: 	e Florida Limited Liability Company converting into the "Other				
3451 NE 1\$T AV	PNUE UNIT PM05, LLC				
	Enter Name of Florida Limited Liability Company				
2. The name of the	"Converted or Other Business Entity" is:				
3451 NE 1ST AV	ENUE UNIT PM05, LLC				
	Enter Name of "Converted or Other Business Entity"				
3. The "Converted	or Other Business Entity" is alimited liability company				
	y typo. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
organized, formed	or incorporated under the laws of				
on May 5, 2014					
(Date of organization, i	ormation or incorporation)				
and the formation of	ocument is attached (if applicable).				
	ersion was approved by the converting Florida Limited Liability ance with Chapter 605, F.S.				
(THE EFFECTAC DATE: 1)	shall be effective in Florida on: Cannot be prior to nor more than 90 days after the date this document is filed by the state; AND 2) must be the same as the effective date of the conversion under the per Business Entity.")				

Page 1 of 2

		ss Entity" is an out-of- onverted or Other Busi	state enrity not registered to ness Entity":
Departmen		d mailing address of an and process served on	n office the Florida the department pursuant to
Street Address:			
Mailing Address:			
	the amount to which is the second of the sec	ch such members are er	pay any members having ntitled under ss. 605,1006
Signed this	day of_	May	. 2014
Signature:	Must be signe	d by a Member or Authoriz	red Representative
Printed Name:	ne Marie	Title; Manage	<u> </u>
Fees: Filing Fee: Certified C Certificate	рру:	\$25.00 \$30.00 (Optional) \$5.00 (Optional)	

Page 2 of 2