

L13 000032966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

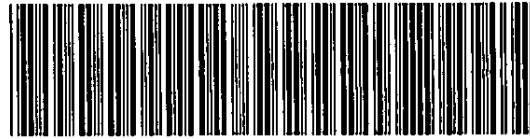
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4402 SW 28th Court 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:

Josh Geib

Name of Person

Edward A Zuraw & Co

Firm/Company

209 SE 5th Avenue

Address

Delray Beach, FL 33483

City/State and Zip Code

Josh@ZurawCPA.com

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

For further information concerning this matter, please call:

Josh Geib

Name of Person

561 272-7317

at (

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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4402 SW 28TH Court LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 RECEIVED
 DEPT. OF REVENUE
 TAX DIVISION
 1000 PENNSYLVANIA AVE
 PITTSBURGH, PA 15222

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

Dated 4/7/2013, Wuben

Signature of a member or authorized representative of a member
Franz Hodel

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA