

L13000038664

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10/28/20--01015--008 **25.00

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DEC 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANT & REAP REAL ESTATE, 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 CHERUBIN

Name of Person

PLANT & REAP REAL ESTATE, LLC.

Firm/Company

752 PONDELLA RD SUITE 127

Address

NORTH FORT MYERS, FLORIDA 33903

City/State and Zip Code

jrnazaire@nazaire.com

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

For further information concerning this matter, please call:

J RONALD NAZAIRE

Name of Person

516 515-0016
at (_____) _____
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY CHERUBIN	752 PONDELLA RD	<input checked="" type="checkbox"/> Add
		#127, NORTH FORT MYERS, FLORIDA 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANTHONY CHERUBEN	15560 SONOMA DRIVE	<input type="checkbox"/> Add
		#107 FORT MYERS, FLORIDA 33908	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

10/19/2020

Signature of a member or authorized representative

ANTHONY CHERUBIN

Filing Fee: \$25.00