

# L13000044833

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

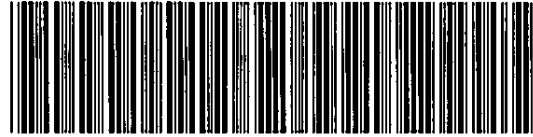
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 APR -9 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
APR 10 2013  
**EXAMINER**

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNITED POSTAL CENTER AT THE INLET  
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:

DAN FORD

Name of Person

UNITED POSTAL CENTER PLUS

Firm/Company

3032 E COMMERCIAL BLVD

Address

FT LAUDERDALE FL 33308

City/State and Zip Code

LISA @ UNITEDPOSTALCENTER.COM

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

For further information concerning this matter, please call:

DAN FORD

Name of Person

at (954) 448 2342

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



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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LISA QUARANTO	2608-1 N OCEAN BLVD POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

N/A

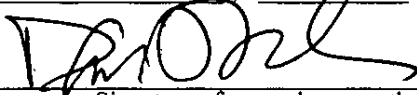
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TALLAHASSEE, FLORIDA

Dated

5 APRIL 2013



Signature of a member or authorized representative of a member

DAN D. FORD

Typed or printed name of signee

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Filing Fee: \$25.00