

L13000081751

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Flagler Beachside Suites 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:

**Steven Thomas**

Name of Person

Firm/Company

**PO Box 1714**

Address

**Flagler Beach, FL 32136**

City/State and Zip Code

**stevethomasrealtor@gmail.com**

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

For further information concerning this matter, please call:

**Steven Thomas**

Name of Person

at ( **386** ) **503-8171**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**Flagler Beachside Suites LLC**

Page 1 of 3

**MGR = Manager**  
**MGRM = Managing Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUN 78 AM 11:21

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Rem

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

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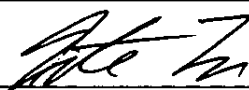
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Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

Steven Thomas

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**